352 620 0170 WAGGONER & WAGGO

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90444 016 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000015245

1. Entity Name
TODD KING CONSTRUCTION, INC.

40090811

04252007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
5103 SE 106TH STREET BELLEVIEW, FL 34420 US	5103 SE 106TH STREET BELLEVIEW, FL 34420 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3977 SE 99th Lane	3977 SE 99th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Same	City & State: Same
Zip: Same / Country: Same	Zip: Same / Country: Same

4. FEI Number: 55-0854539 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KING, FRANKLIN T 5103 SE 106TH STREET BELLEVIEW, FL 34420	Name: Same Street Address (P.O. Box Number is Not Acceptable): 3977 SE 99th Lane City: Same FL Zip Code: Same

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Franklin T. King 4/25/7
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: KING, FRANKLIN T STREET ADDRESS: 5103 SE 106TH STREET CITY-ST-ZIP: BELLEVIEW, FL 34420	☐ Delete	TITLE: P NAME: King, Franklin T. STREET ADDRESS: 3977 SE 99th Lane CITY-ST-ZIP: Belleview, FL 34420	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Franklin T. King 4/25/7 (352)812-2394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FRANKLIN T. KING, PRESIDENT