
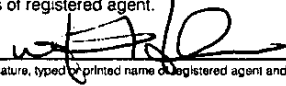



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90104 015 \*\*\*150.00

<b>DOCUMENT # P04000065128</b> 1. Entity Name <b>KINGDOM CUSTOM INC.</b>					
Principal Place of Business <b>3301 13TH AVE S UNIT B ST PETERSBURG, FL 33712</b>			Mailing Address <b>3301 13TH AVE S UNIT B ST PETERSBURG, FL 33712</b>		
2. Principal Place of Business <b>540 34th ST. SO.</b>		3. Mailing Address <b>540 34th ST SO.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG FL.</b>		City & State <b>ST. PETERSBURG FL.</b>		4. FEI Number <b>26-0082527</b>	
Zip <b>33712</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, DAY 2434 37TH ST S ST PETERSBURG, FL 33711</b>			7. Name and Address of New Registered Agent Name <b>Wilfred Hinton Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>540 34th ST SO.</b> <b>ST PETERSBURG</b> <b>33712</b> City <b>FL</b> Zip Code		
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  <b>March 10, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MORROW, BERLE 3301 13TH AVE S ST PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HINTON, WILFRED JR 3301 13TH AVE S ST PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			<b>3-10-2005 (727) 321-7514</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

**50025736**



03102005 Chg-P CR2E034 (10/03)

Applied For

Not Applicable

Additional Fee Required

FL

Zip Code

DATE

☒ Change ☐ Addition

☒ Change ☐ Addition

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