

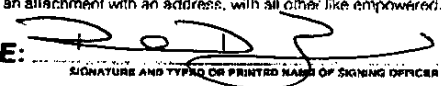
FROM :KING FINANCIAL GROUP, INC.

FAX NO. :8504342299

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90473 013 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000086236					
1. Entity Name THREADGILL BUILDING CORPORATION					
Principal Place of Business 4497 WHISPER DRIVE PENSACOLA, FL 32504			Mailing Address 4497 WHISPER DRIVE PENSACOLA, FL 32504		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
40073088					
					
04272005 Chg-P CR2E034 (10/03)					
4. FEI Number 57-1205042					Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐					\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KING, JAMES W JR. 945 WEST MICHIGAN AVENUE STE. 5B PENSACOLA, FL 32505			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent Signature required when changing) Signature typed or printed name of registered agent with typed application					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 PD NAME THREADGILL, DANIEL ☐ Delete STREET ADDRESS 4497 WHISPER DRIVE CITY-ST-ZIP PENSACOLA, FL 32504		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VD NAME THREADGILL, RON ☐ Delete STREET ADDRESS 4497 WHISPER DRIVE CITY-ST-ZIP PENSACOLA, FL 32504		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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:  4/28/05 Date					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					