2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

DOCUMENT # P04000101982 1. Entity Name KING CERAME PROPERTIES, INC					02-07-2005 9	90060 033	***150.0	00
Principal Plac 43 5 S RIDEG DAYTONA BE	WOOD AVE #210	Mailing Address 435 S RIDEGWOOD AVE # -DAYTONA BEACH, FL 324						
2. Principal P	Place of Business Treeuland Se	eaf Sa						
Suite, Apt.	#, etc.	ν	01102005	Chg-P	CR2E034	(10/03)		
City & State	Orange A.	Voity astate Some	en Fl	4. FEI Number	2143	184		plied For t Applicable
321	at Country	32121	Eountry /		of Status Desired	Fe	8.75 Add e Required	
6. Name and Address of Current Registered Agent				7. Name and	Address of New I	Registered Ag	ent _	
	ROBERT :NLEAF SQ ANGE, FL 32127	Street Address	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								
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign	Financing \$	5.00 May Be			-	
10.	OFFICERS AND		11,	ADDITIONS/	CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	PS CERAME, ROBERT 444 GREENLEAF SQ PORT ORANGE, FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷		Į.	_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KING, KEITH 1929 JACKSON LN DAYTONA BEACH, FL 32124	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[☐ Change	Addition
TITLE		Delete	NAME STREET ADDRESS CITY-ST-ZIP	- waterings to a longer			Change.~	—
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 indicated of the corchanged	certify that the information supplied with ton this report or supplemental report is reporation or the receiver or trustee lemon, or on an attachment with an address.	this filling does not qualify for th true and accurate and that my wend to execute this report as with all other like empowered.	signature shall have the required by Chapter 6	e same legal effec 07, Florida Statute	i), Florida Statutes t as if made under s; and that my nar	oath; that I am ne appears in I	an officer Block 10 or	or director Block 11 if