


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P04000101982
 1. Entity Name
KING CERAME PROPERTIES, INC



Principal Place of Business Mailing Address
444 GREENLEAF SQUARE **444 GREENLEAF SQUARE**
PORT ORANGE, FL 32127 **PORT ORANGE, FL 32127**

DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FE# Number 41-2143184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CERAME, ROBERT
444 GREENLEAF SQ
PORT ORANGE, FL 32127

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000862748
 04/03/08-80062-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CERAME, ROBERT 444 GREENLEAF SQ PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KING, KEITH 1929 JACKSON LN DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robert M Cerame Date: 3-14-08 Daytime Phone #: 3863165525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR