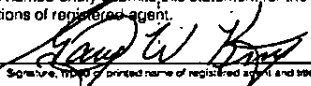
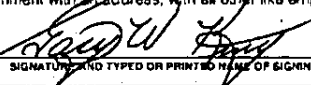


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/ **FILED**
Apr 25, 2005 8:00 am
Secretary of State

04-04-2005 90078 028 ***150.00

DOCUMENT # P04000148845 1. Entity Name KING'S RESCREENING & GLASS, INC.					
Principal Place of Business 1137 14TH ST ORANGE CITY, FL 32763			Mailing Address 1137 14TH ST ORANGE CITY, FL 32763		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 20-1905759				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				--\$8.75 Additional-- Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145			7. Name and Address of New Registered Agent Name GARY W. KING Street Address (P.O. Box Number is Not Acceptable) 1137 14TH STREET City ORANGE CITY FL Zip Code 32763		
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  GARY W. KING DATE 3/30/05 Signature must be printed name of registered agent and type if applicable. (NOTE: Repeat Agent signature required when persisting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY- ST- ZIP	PTD KING, GARY W 1137 14TH ST ORANGE CITY, FL 32763		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD KING, THERESA A 1137 14TH ST ORANGE CITY, FL 32763		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
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:  GARY W. KING DATE 3/30/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66012753



03302005 Chg-P CR2E034 (10/03)