2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of Sta			
DOCUMENT # P0500008892 1. Entity Name KINGDOM FIRST SERVICES CORPORATION						Seci etai y	01 512	
Principal Place 10644 SQUII JACKSONVILL		Mailing Address 10644 SQUIRES CT JACKSONVILLE, FL 32257			11 1 1 1 1 1 1 1 1 1			
D	O NOT WRITE	CE	04292008 4. FEI Numbe 20-2175	No Chg-P	CR2E034 (11/05)	oplied For of Applicable		
6. Name and Address of Current Registered Agent WILLIAMS, HENRY L 10644 SQUIRES CT JACKSONVILLE, FL 32257					NOT W			
	named entity submits this statement for tions of registered agent		ed office or registe		h, in the State of Flo	rida. I am familiar with,	and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			[
TITLE NAME SIREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME SIREET ADDRESS CITY - ST- ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE	OFFICERS AND D DP WILLIAMS, HENRY L 10644 SQUIRES CT JACKSONVILLE, FL 32257	RECTORS			U000000 06/02/08 NOT W		5 0.0 0	
NAME SIREET ADDRESS CITY-ST-ZIP							,	

12. Thereby 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:	Hem
	SIGNAT

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/0

(904) 708-6575