


2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-16-2007 90210 040 ***150.00

DOCUMENT # P06000043476 1. Entity Name KINGS OF NETWORKING, INC.					
Principal Place of Business 1375 GORDON AVE S BARTOW, FL 33830			Mailing Address 1375 GORDON AVE S BARTOW, FL 33830		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BUSINESS SERVICES AND SOLUTIONS INC. 7621 POINSETTIA AVE ALTURAS, FL 33820				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 consulting) <small>Signature, typed or printed name of registered agent and fee if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D KING, JUSTIN 1375 GORDON AVE S BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P King, Justin 1375 Gordon Avenue S Bartow, FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, DUNCAN 1375 GORDON AVE S BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-S/T/VP King, Duncan 1375 Gordon Avenue S Bartow, FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Justin King</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/11/2006</u> <u>863/698-6496</u> <small>Date Day the Form is</small>		

66002007



01092007 Chg-P CR2E034 (12/06)

4. FEI Number
51-0575353
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required