

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000042660

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** KINGDOM 1ST FINANCIAL SERVICES INC

**Current Principal Place of Business:**

428 2ND ST NW  
WINTER HAVEN, FL 33801

**New Principal Place of Business:**

619 BOHICKET RD  
WILMORE, KY 40390

**Current Mailing Address:**

428 2ND ST NW  
WINTER HAVEN, FL 33801

**New Mailing Address:**

619 BOHICKET RD  
WILMORE, KY 40390

**FEI Number:** 27-2602310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, SYLVIA E  
428 2ND ST NW  
WINTER HAVEN, FL 33801 US

**Name and Address of New Registered Agent:**

JACKSON, SYLVIA E  
428 2ND ST NW  
WINTER HAVEN, FL 33810 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/05/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVP  
Name: JACKSON, SYLVIA E  
Address: 619 BOHICKET RD  
City-St-Zip: WILMORE, KY 40390

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SYLVIA JACKSON

PRES

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date