2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P23062

1. Entity Name KINGSDOWN, INCORPORATED



Principal Place of Susiness

3440 CRAFTSMAN BLVD LAKELAND, FL 33803

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CHY-SI-ZIP

CETY-ST-ZIP

CITY-ST-ZIP

Mailing Address

126 W. HOLT STREET MEBANE, NC 27302

FILED Apr 19, 2004 08:00 AM Secretary of State



04142004

No Chg-P

CR2E034 (10/03)

4. FEI Number 56-0319850

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

BINGENHEIMER, CHARLES G JR

126 W. HOLT ST. MEBANE, NC 27302

FULP, WILLIAM W.

MEBANE, NC 27302

MCLEAN, THOMAS I.

126 W. HOLT ST. MEBANE, NC

126 W HOLT ST

DO NOT WRITE IN THIS SPACE

, , , , , , , , , , , , , , , , , , ,			IN THIS SPACE			
8. The above the obligati	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered o	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	-
SIGNATURE_	Signature, typed or printed name of registered agent and title	# appricable (NOTE, Registered Age	ent signaturo	required when reinstaling}	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Financin Trust Fund Contribution. 	e 🗆	\$5.00 May Be Added to Fees	, <u>N</u> 00000119890	
10.	OFFICERS AND DIRECTORS				- 04/19/04-80116-005-150,00	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HINSHAW, WALTER ERIC 126 W. HOLT ST. MEBANE, NC 27302					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCLAMB, GEORGE T. 126 W. HOLT ST. MEBANE, NC					
TITLE NAME	P FLIPPIN, J PATRICK					
STREET ADDRESS CITY-ST-ZIP	126 W. HOLT ST. MEBANE, NC 27302			DO	NOT WRITE	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 SIGNATURE AND TYPES OF PRINTED NAME OF SECURING OFFICER OR DIRECTOR DEVICE TO DELIC DELIC DELIC DELIC DELIC DELIC DE DESCRIPTOR PROPERTOR PROPERTO