


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90006 028 ***550.00

DOCUMENT # P23062 1. Entity Name KINGSDOWN, INCORPORATED	
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Principal Place of Business 3440 CRAFTSMAN BLVD LAKELAND, FL 33803	Mailing Address 126 W. HOLT STREET MEBANE, NC 27302
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-0319850	Applied For Not Applicable
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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

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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 STREET ADDRESS CITY-ST-ZIP	P FLIPPIN, J PATRICK 126 W. HOLT ST. MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BINGENHEIMER, CHARLES G JR 126 W. HOLT ST. MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FULP, WILLIAM W. 126 W HOLT ST MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLEAN, THOMAS I. 126 W. HOLT ST. MEBANE, NC

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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:  DATE: 06-29-05 (919) 563-3531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #