

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # R92000005844

1. Entity Name
FORT KING INSURANCE AND FINANCIAL SERVICES,
INC.



Principal Place of Business

P.O. BOX 3215
OCALA, FL 34478 US

Mailing Address

P.O. BOX 3215
OCALA, FL 34478 US

DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3152768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHOOK, JOHN S
3500 SE 30TH TERRACE
OCALA, FL 34471

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SHOOK, KIMBERLY B
STREET ADDRESS	1318 NE 14TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	PST
NAME	SHOOK, JOHN S
STREET ADDRESS	1318 NE 14TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80107-023 150.00

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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

John S. Shook John S. Shook

4-21-06 3523691144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #