2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000005844

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

Principal Place of Business	Mailing Address
P.O. BOX 3215	P.O. BOX 3215
OCALA, FL 34478 US	OCALA, FL 34478 US

DO NOT WRITE IN THIS SPACE

04222008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3152768		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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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U00000916289
05/12/08-80021-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	V
NAME	SHOOK, KIMBERLY B
STREET ADDRESS	3500 SE 30TH TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	PST
NAME	SHOOK, JOHN S
STREET ADDRESS	3500 SE 30TH TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4-21-08   352369/1144

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