

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90241 028 \*\*\*150.00

**DOCUMENT # P93000045917**

1. Entity Name  
**KINGS TROLLEY CO., INC.**



Principal Place of Business  
**998 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US**

Mailing Address  
**998 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US**

**54035223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-2757161**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, JOSEPH D.  
4500 NW 12TH DRIVE  
POMPAHO BEACH, FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

**5326 Flamingo Court**

**Coconut Crk**

**FL**

**33073**

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

*Joseph Perez Sr.* **Joseph Perez Sr.**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **PEREZ, JOSEPH D SR**  
STREET ADDRESS **4500 NW 12TH DR**  
CITY-ST-ZIP **POMPAHO BEACH, FL 33064**

TITLE ☒ Change ☐ Addition  
NAME **5326 Flamingo Court**  
STREET ADDRESS **Coconut Crk, FL 33073**  
CITY-ST-ZIP

TITLE **VT** ☐ Delete  
NAME **PEREZ, JOSEPH D JR**  
STREET ADDRESS **4771 NW 13TH AVENUE**  
CITY-ST-ZIP **POMPAHO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **PEREZ-DARCY**  
STREET ADDRESS **8804 SW 11TH STREET**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☒ Change ☐ Addition  
NAME **4500 NW 12th Drive**  
STREET ADDRESS **Pompano Bch, FL 33064**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Darcy Perez* **Darcy Perez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/04**

Date

**954-429-3100**

Daytime Phone #