


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90110 033 ***150.00

DOCUMENT # P93000058349 1. Entity Name THIN KING, INC.					
Principal Place of Business 1201 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Mailing Address P.O. BOX 7157 DAYTONA BEACH SHORES, FL 32116		
2. Principal Place of Business 1238 RIDGEWOOD AVENUE			3. Mailing Address Suite, Apt. #, etc.		
City & State HOLLY HILL, FL			City & State Suite, Apt. #, etc.		
Zip 32117-2722		Country US		4. FEI Number .. 59-3198519	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HANSEN, JOHN C 1201 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name BARBARA J HANSEN 1238 RIDGEWOOD AVENUE City HOLLY HILL FL 32117-2722		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, JOHN C 1201 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, BARBARA J 1201 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1238 RIDGEWOOD AVENUE HOLLY HILL FL 32117-2722 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <i>Barbara J Hansen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			BARBARA J HANSEN Date 3/10/05 386 Daytime Phone # 2123782		

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