

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000080925 1. Entity Name CLAY KING MANAGEMENT CO., INC.	
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Principal Place of Business 700-900 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304	Mailing Address 700-900 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE

FILED

04 MAY 10 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 No Chg-P CR2E034 (10/03) 04

4. FEI Number 65-0451441	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KING, W. CLAY
700 E. SUNRISE BLVD.
FT LAUDERDALE, FL 33304

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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 \$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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, W. CLAY 700-900 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APPLEBY, ED 700-900 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS FRANCIS, KIRK J 700-900 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304
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05/25/04--01057--032 **158.75

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: Francis Kirk J Francis VP 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #