


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P94000086669 1. Entity Name SUN KING PETROLEUM CO. |  |
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|---|---|
| Principal Place of Business 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US | Mailing Address 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US |
|---|---|

DO NOT WRITE IN THIS SPACE

03242004 No Chg-P CR2E034 (10/03)

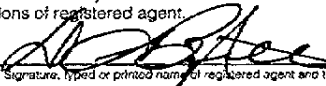
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| 4. FEI Number 59-3285709 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

MILLER, DONNA A
7014 A C SKINNER PARKWAY
SUITE 290
JACKSONVILLE, FL 32256

**DO NOT WRITE
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:  Donna A. Miller 3/24/04
(NOTE: Registered Agent signature required when reinstating) DATE

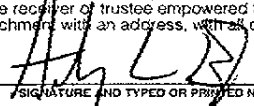
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|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000104490 04/06/04-80013-019 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAY, J.G. J 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP FRANCIS, JAMES D. 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MILLER, DONNA A 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EDGE, AUBREY L 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Aubrey L. Edge, Pres. (904) 596-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #