

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90003 008 \*\*\*150.00

**DOCUMENT # P95000062882**

1. Entity Name  
**THE KINGSBURY GROUP, INC.**



Principal Place of Business  
**999 INLET CIRCLE, A-104  
VENICE, FL 34285**

Mailing Address  
**999 INLET CIRCLE, A-104  
VENICE, FL 34285**

**54069143**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0611150**

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

**YATES, AL  
999 INLET CIRCLE, A-104  
VENICE, FL 34285**

Name

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

City

**FL**

Zip Code

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 registering)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **YATES, AL**  
STREET ADDRESS **999 INLET CIRCLE, A-104**  
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/17/04 / 981-809-6102**  
Date Daytime Phone #

Sirs,

Attachment  
Doc # P95000062882  
54069143

Approximately two weeks ago I called  
your office asking for the Annual Form  
for Annual Report.

I had not received it because I  
moved and it was not forwarded to me.

(Please check my files for example) Since then  
I moved back to the old address on the  
form. Please accept my \$150.00 for Annual  
fee and reconsider the penalty.

Thank you

