


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90046 041 ***150.00

DOCUMENT # P95000063017

1. Entity Name
BEYOND THE KINGDOM, INC.



Principal Place of Business
**P.O. BOX 950804
 LAKE MARY FL 32795-0804
 US**

Mailing Address
**P.O. BOX 950804
 LAKE MARY FL 32795-0804
 US**

2. Principal Place of Business
1423 Redwood Grove Terrace
 Suite, Apt. #, etc.

3. Mailing Address
1423 Redwood Grove Terrace
 Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State
LAKE MARY FL

City & State
LAKE MARY FL

Zip
32746

Country
JEMINOLE

Zip
32746

Country
JEMINOLE

4. FEI Number **59-3330318**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOJERY, GINA
 1423 REDWOOD GROVE TERRACE
 LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOWERY, GINA 1423 REDWOOD GROVE TERRACE LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Gina Mowery - pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 (40) 310-3512
Date Daytime Phone #