


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90021 009 ***150.00

DOCUMENT # P95000063523		
1. Entity Name D & B KING, INC.		

Principal Place of Business 12564 REAVES RD. WINTER GARDEN, FL 34787	Mailing Address 12564 REAVES RD. WINTER GARDEN, FL 34787
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2. Principal Place of Business <i>12564 Stoneybrook W. Pkwy</i> Suite, Apt. #, etc.	3. Mailing Address <i>12564 Stoneybrook W. Pkwy.</i> Suite, Apt. #, etc.
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City & State <i>Winter Garden</i>	City & State <i>Winter Garden</i>
Zip <i>34787</i>	Country <i>Orange</i>
Zip <i>34787</i>	Country <i>Orange</i>

01052004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0605438	Applied For Not Applicable

6. Name and Address of Current Registered Agent KING, DAVID D 12564 REAVES RD. WINTER GARDEN, FL 34787	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>12564 Stoneybrook West Parkway</i> City <i>Winter Garden</i> FL Zip Code <i>34787</i>	

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 _____	DATE <i>1/20/04</i>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, DAVID D 12564 REAVES RD. WINTER GARDEN, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, BRENDA J 12564 REAVES RD. WINTER GARDEN, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP KING, DAVID B 2550 NORTH ALAFAYA TR., APT. 10200 ORLANDO, FL 32826 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12564 Stoneybrook West Parkway</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12564 Stoneybrook West Parkway</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12552 Stoneybrook West Parkway</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Brenda J. King</i> Brenda J. King	DATE <i>1/20/04</i> 407-397-6017