## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 27, 2004 8:00 am

								`	- <del></del>			
DOCUMENT # P95000064324  1. Entity Name W.W. MCNEAL-KING, INC.								Secretary of State 08-27-2004 90009 011 ***150.00				
Principal Plac	o of Pusinose		Mailing Ada	droce								
•		Mailing Address										
5187 NORTH			5187 NORTH US 41									
NAPLES, FL	34103 L	NAPLES, F	L 34103	US				4. 1	1 - 1 -	1.421		
								13400401				(**** )
2. Principal P	lace of Busin	ess	3. Mailing Address									
			1					1 19811401118	smiffit fefter fræitt mitter mætte	1 <b>881</b> 11 <b>8</b> 4111 <b>8</b>		16-81 II 18-61
Suite, Apt.	#. etc.		Suite, Apt. #, etc,						OL 5	0005	004 (40/00)	
	.,		1					06302004	Chg-P	CR2E	034 (10/03)	
City & State		City & State					4. FEI Numbe	-		I	plied For	
City a State	e	City & State								<u> </u>	·	
		ļ			65-06			2200			t Applicable	
Zip		Country	Zip		Coun	try		5. Certificate	of Status Desired		\$8.75 Add	
	1		1					-		10.00	Fee Required	1 .
6. Name and Address of Current Registered Agent								7. Name and	Address of New R	egistered	Agent	
						Name	$\overline{D}$	Josep V	11		•	
KING, DE	RRAM						ye	DICL F	ing			
6628 ILEX						Street Ad	idress (i	P.O. Box Numbe	r is Not Acceptable	)(1	1.15	
NAPLES, I							<u>626</u>	o Cyr	ress in	$\omega a y c$	way	
194 220,1	E 07100							/ 1			,	
							City NAPLES FL Zin Code					• • •
											<u>- 1 34</u>	<u> 109</u>
		y submits this statement fo	r the purpose o	f changing its	registere	ed office or	register	ed agent, or bot	h, in the State of Flo	orida. Iam	familiar with,	and accept
the obligat	ions of regist	tered agent.										
to the Milia										08.5	40-4C	
SIGNATURE.	حبكمح	Sta VIII	<u> </u>					00 / 6	24-04			
	Signature, typed	or printed name of registered agent	and the mappincable.	(NOII	E: Hegistere	d Agent signatu	re requeed	when reinstating)		UATE		
	LE NOW!! ue by Sep	<ol><li>Election Campaign Finan- Trust Fund Contribution.</li></ol>			scing \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
		OFFICEDS AND	DIDECTORS					A D D I T I O L I C I	OLIANICED TO OFF	IOEDO AN	D DIDECTOR	2.151.4.4
10.	-	OFFICERS AND			11.			ADDITIONS/	CHANGES TO OFF	ICERS AN		<del></del>
TITLE	Р			Delete	TITU	E					Change	☐ Addition
NAME	KING, DE	BRA			NAM	₹						
STREET ADDRESS	5187 NORTH US 41				ET ADDRESS							
CITY-ST-ZIP	NAPLES,	FL			CHY	-ST-21P						
TITLE	<u>-</u>			☐ Delete	TITL						☐ Change	Addition
				L Delete							ட பவர	
NAME					NAM	_						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE			1	☐ Delete	TITU	E :					☐ Change	☐ Addition
NAME.			· ·		NAM							_
STREET ADDRESS	1					ET ADDRESS						
CITY-ST-ZIP	<u> </u>					-ST-ZIP						
U117-31-21F	<b></b>				- Carr	-31-DF						
TITLE	1			Delete	गाध	E					Change	Addition
NAME					NAM	E						
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
				O							□ C+	A Addison
TITLE	!			☐ Delete	TITL		İ				☐ Change	Addition
NAME					NAM							
STREET ADDRESS						ET ADORESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITL	E					☐ Change	Addition
					*****	-	1					

12. I hereby certify that the information supplied with this filling 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. 239-261-9200

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: Debia Mr

Daytime Phone #