2004 FOR PROFIT CORPORATION

FILED Feb 02 2004 08:00 AM

ANNUAL REPORT						04 00.00 ANI
DOCUMENT # P95000068569 1. Entity Name W. LEE KING, JR. P.A.					Secreta	ry of State
	ce of Business ERAL HIGHWAY 34994	Mailing Address 900 S. FEDERAL HIGHWAY SUITE 100 STUART, FL 34994				
E	OO NOT WRITE	O1142004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0658065 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
KING, W. 1 900 S. FEI SUITE 100 STUART,	DERAL HIGHWAY)	DO NOT WRITE IN THIS SPACE				
the obligat	Signatura, typed or printed name of registered appropriated in NOWILL FEE IS \$150.00	od office or registered agent, or both, in the State of Florida. I am familiar with, and accept of Apent signature required when reinstelling) Agent signature required when reinstelling) Added to Fees U00000029482				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND DIF D KING, W. LEE JR. 900 S. FEDERAL HIGHWAY, SUITE STUART, FL 34994			DO	NOT WR	158-004 150,00 ITE
STREET ADDRESS			1			

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:

SIGNATURE:

**Type-04*

SIGNATURE: 🔬

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR