## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 09, 2008 8:00 am Secretary of State **DOCUMENT # P96000057072** 04-09-2008 90037 005 \*\*\*150.00 KING REALTY, INC. Principal Place of Business Mailing Address 3201 NE SKYLINE DR. 3201 NE SKYLINE DR. JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3464 NE 3464 NE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01092008 Applied For City & State 4. FEI Number City & State 65-0689410 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ひらん Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, BETTY J Street Address (P.O. Box Number is Not Acceptable) 3464 NE INDIAN COURT JENSEN BEACH, FL 34957 City 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 agel SIGNATURE (NOTE: Registered Aneot signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PST TITLE ☐ Delete TITLE ☐ Change Addition NAME KING, BETTY J NAME STREET ADDRESS 3464 NE INDIAN COURT STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-7IP ITILE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 4-1-2008 SIGNATURE: ER OR DIRECTOR

**FILED**