


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000001306</b> 1. Entity Name <b>E. T. KING, INC.</b>	
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Principal Place of Business <b>132 WHITAKER RD STE A LUTZ, FL 33549 US</b>	Mailing Address <b>132 WHITAKER RD STE A LUTZ, FL 33549 US</b>
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3423472</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>VAN BEBBER, GREGORY E 132 WHITAKER RD LUTZ, FL 33549</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN BEBBER, GREGORY E 132 WHITAKER RD LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN BEBBER, CAROL 132 WHITAKER RD LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, JIM 13119 N BLVD TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80004-011 150.00

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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: Carol Van Bebber 1/10/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #