2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90012 035 ***150.00

DOCUMENT # P97000022624

1. Entity Name
KING FISH KAMP, INC.

J4U17366

Principal Place of Business	Mailing Address
2404 LEAFDALE CIR S JACKSONVILLE, FL 32218 US	2404 LEAFDALE CIR S JACKSONVILLE, FL 32218 US

03082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6470 SW 80 Ave	6470 SW 80 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Trenton, Fl	City & State: Trenton, Fl
Zip: 32693 Country: Gilchrist	Zip: 32693 Country: Gilchrist

4. FEI Number 59-3429136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON, ARNOLD H 2404 LEAFDALE CIRCLE SOUTH JACKSONVILLE, FL 32218	Name: Arnold H. Jackson Street Address (P.O. Box Number is Not Acceptable): 6480 SW 80 Ave City: Trenton FL Zip Code: 32693

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: Arnold H Jackson ARNOLD H JACKSON 3/08/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COBP BETZ-JACKSON, G C 2404 LEAFDALE CIR S JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6480 SW 80 Ave Trenton, Fl 32693
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVST JACKSON, ARNOLD H 2404 LEAF DALE CIR S JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6480 SW 80 Ave Trenton, Fl 32693
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BAKER, LATRECIA 2404 LEARDALE CR S JACKSONVILLE, FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MATTHEWS, TERRY 2404 LEAFDALE CRS JACKSONVILLE, FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BETZ, ROBERT 2404 LEAFDALE CR S JACKSONVILLE, FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Arnold H Jackson 3/08/04 352 463 0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARNOLD H JACKSON CVST