

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90031 045 ***150.00

DOCUMENT # P97000037766

1. Entity Name

KINGDOM WORLDWIDE WEB OPERATIONS, INC.



Principal Place of Business

3720 NW 43RD ST
STE 104
GAINESVILLE FL 32606
US

Mailing Address

5200 NW 43RD ST
STE 102-193
GAINESVILLE FL 32606
US

2. Principal Place of Business

7545 W. University Ave
Suite, Apt. #, etc. B

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gainesville Florida

City & State

Zip 32607

Country USA

Zip

Country

4. FEI Number

59-3443773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIELSEN, KIM
3830 SW 92ND DR
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME NIELSEN, KIM
STREET ADDRESS 3830 SW 92ND DR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ Delete
NAME NIELSEN, KIM
STREET ADDRESS 3830 SW 92ND DR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE VP ☐ Delete
NAME WENTZ, JAMIE
STREET ADDRESS 3720 NW 43RD ST., STE 104
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

352-331-2377

Daytime Phone #