

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90269 035 \*\*\*150.00

**DOCUMENT # P97000038558**

1. Entity Name

OLD KINGS INTERCHANGE, INC.



Principal Place of Business

5 MONTILLA PLACE  
PALM COAST, FL 32137 US

Mailing Address

5 MONTILLA PLACE  
PALM COAST, FL 32137 US

**50005690**



02032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3446685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GARDNER, JAMES  
5 MONTILLA PLACE  
PALM COAST, FL 32137

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GIBBS, THOMAS
STREET ADDRESS	33 S SUGARMILL LN.
CITY-ST-ZIP	PALM COAST, FL
TITLE	VPD
NAME	GAZZOLI, JOHN
STREET ADDRESS	3 COLE PL
CITY-ST-ZIP	PALM COAST, FL
TITLE	D
NAME	CHIUMENTO, MICHAEL D
STREET ADDRESS	4 OLD KINGS RD N
CITY-ST-ZIP	PALM COAST, FL
TITLE	STD
NAME	GARDNER, JAMES
STREET ADDRESS	5 MONTILLA PL.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

Date

386-445-8900

Daytime Phone #

**Michael D. Chiumento, Director**