


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90759 018 \*\*\*150.00

DOCUMENT # P99000005016  
 1. Entity Name  
 KING'S CONSTRUCTION OF CENTRAL FLORIDA, INC.



Principal Place of Business  
 3734 GRISSOM LANE  
 KISSIMMEE, FL 34741 US

Mailing Address  
 1940 PARKWAY AVENUE  
 ST. CLOUD, FL 34772

2. Principal Place of Business  
 102 LIGHTER LOG LANE  
 Suite, Apt. #, etc.

3. Mailing Address  
 102 LIGHTER LOG LANE  
 Suite, Apt. #, etc.

City & State  
 AUBURNDALE, FL


City & State  
 AUBURNDALE, FL

Zip  
 33823

Zip  
 33823

Country

Country



04292004 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3554267

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VILLELLA, BRUCE L  
 1940 PARKWAY AVENUE  
 ST. CLOUD, FL 34772

7. Name and Address of New Registered Agent  
 Name  
 DEBAETS, DAVID  
 Street Address (P.O. Box Number is Not Acceptable)  
 102 LIGHTER LOG LANE  
 City  
 AUBURNDALE FL Zip Code  
 33823

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: David DeBaets DATE: 4.29.04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 VPD	NAME DEBAETS, DAVID M	TITLE	NAME
STREET ADDRESS 102 LIGHTER LOG LANE	CITY-ST-ZIP AUBURNDALE, FL 33823	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE President	NAME Ashley DeBaets, L
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS P.O. Box 83	CITY-ST-ZIP Auburndale FL 33823
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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: David DeBaets DATE: 4.29.04 863-990-0167  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #