


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90031 029 ***150.00

DOCUMENT # P99000079621 1. Entity Name KING VENTURE CORPORATION			
Principal Place of Business 8016 ARLINGTON EXP JACKSONVILLE FL 32211		Mailing Address 8016 ARLINGTON EXP JACKSONVILLE FL 32211	
2. Principal Place of Business JACKSONVILLE		3. Mailing Address 8016 ARLINGTON EXP	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32211	Country U.S.A.	Zip 32211	Country U.S.A.
6. Name and Address of Current Registered Agent PATEL, VIJAY KINGS INN 8016 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$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	PSTD PATEL, JITENDRA B 10900 W. 8 MILE ROAD FERNDAL MI 48220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, VIJAY 8016 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME 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: <u><i>Vijay Patel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/10/04</u> <u>904-74-3343</u> <small>Date Daytime Phone #</small>	



MOORE CR2E034 (11/03)