


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 000000000000	
1. Entity Name KINGSWARE INC.	
Principal Place of Business 4310 S RENELLIE TAMPA, FL 33611	

Mailing Address 4310 S RENELLIE TAMPA, FL 33611
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**DO NOT WRITE IN THIS SPACE**



00000000 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3599683	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, KIMBERLY L  
4310 SOUTH RENELLIE DRIVE  
TAMPA, FL 33611

**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 Kimberly L. Williams Kimberly L. Williams, P.T. 4-23-4  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000	000000131181 04/26/04-80146-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KING, MCGREGOR N. 4310 S. RENELLIE DRIVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAMS, KIMBERLY 4310 S. RENELLIE DRIVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(l), 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: McGregor King McGREGOR KING 4.22.4 (813) 495-0396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #