

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90024 004 ***150.00

DOCUMENT # S38599

1. Entity Name:

KINGS-TRANSMISSION PARTS & TOOLS, INC.



Principal Place of Business:

**2900 CENTRAL AVE.
ST. PETERSBURG FL 33712**

Mailing Address

**2900 CENTRAL AVE.
ST. PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address

8722 14th Way North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. Petersburg, FL.

Zip

Country

Zip

Country

33702-2944 Pinellas

4. FEI Number

59-3055590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, WAHNEETA M.
2900 CENTRAL AVE.
ST. PETERSBURG FL 33712**

Name

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

8722 14th Way North

City

ST. Petersburg

FL

Zip Code

33702-2944

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	KING, WAHNEETA M.	
STREET ADDRESS	2900 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KING, TIMOTHY	
STREET ADDRESS	4026 39TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KING, ALBERT	
STREET ADDRESS	2900 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FITZGERALD, MARIA A.	
STREET ADDRESS	2039 30TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 14-005 727-577-5292

Date

Daytime Phone #