


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S48645</b> 1. Entity Name KING EXPORT CORPORATION	
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Principal Place of Business 9009 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211	Mailing Address 9009 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211
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04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3079258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STACKHOUSE, JENNIFER  
KING PROVISION CORPORATION  
9009 REGENCY SQ. BLVD.  
JACKSONVILLE, FL 32211

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEIN, DAVID A. 9009 REGENCY SQUARE BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HICKS, EDWARD F. 9009 REGENCY SQUARE BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/05/04-80012-006 150.00

**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)(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:**  **EDWARD F. HICKS** 4/27/04 904-725-4122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #