

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S48645

1. Entity Name
KING EXPORT CORPORATION



Principal Place of Business
9009 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32211

Mailing Address
9009 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32211



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3079258

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-listing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEIN, DAVID A.
STREET ADDRESS 9009 REGENCY SQUARE BLVD
CITY - ST - ZIP JACKSONVILLE, FL

TITLE D
NAME HICKS, EDWARD F.
STREET ADDRESS 9009 REGENCY SQUARE BLVD
CITY - ST - ZIP JACKSONVILLE, FL

TITLE
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04/19/05-80011-019 150.00

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

Edward F. Hicks

3/17/05 904-725-4122

Date

Daytime Phone #