

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90329 024 ***150.00

DOCUMENT # S69821

1. Entity Name

VIKING INDUSTRIES, INC.



Principal Place of Business

489 TURNBULL BAY RD.
NEW SMYRNA BEACH FL 32168

Mailing Address

489 TURNBULL BAY RD.
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

501 PULLMAN ROAD

3. Mailing Address

501 PULLMAN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
EDGEWATER FL

City & State
EDGEWATER FL

4. FEI Number

59-3089404

Applied For

Not Applicable

Zip
32132

Country
USA

Zip
32132

Country
USA

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

WARNING, WALTER R
489 TURNBULL BAY RD
NEW SMYRNA BEACH FL 32168

Name

WARNING, WALTER B.

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

501 PULLMAN ROAD

City

EDGEWATER

FL

Zip Code

32132

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

4/27/04

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME WARNING, WALTER B., JR
STREET ADDRESS 489 TURNBULL BAY RD.
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE PRESIDENT ☒ Change ☐ Addition
NAME WARNING, WALTER B.
STREET ADDRESS 501 PULLMAN ROAD
CITY-ST-ZIP EDGEWATER FL 32132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4/27/04 386 428-9800