

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043581

**Entity Name:** K & O AUTO WHOLESale INC**Current Principal Place of Business:**8664 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32256**Current Mailing Address:**8664 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32256**FEI Number:** 27-0177844**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STERMILLI, OERTI  
8664 PHILIPS HWY  
JACKSONVILLE, FL 32256 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GRASHI, BLERTA  
Address 8664 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name GRASHI, BLERTA  
Address 8664 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name STERMILLI, OERTI  
Address 2547 TUSCAN OAKS LN  
City-State-Zip: JACKSONVILLE FL 32223

Title T  
Name STERMILLI, OERTI  
Address 2547 TUSCAN OAKS LN  
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR  
Name STERMILLI, OERTI  
Address 2547 TUSCAN OAKS LN  
City-State-Zip: JACKSONVILLE FL 32223

Title SECRETARY  
Name GRASHI, BLERTA  
Address 8664 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT  
Name STERMILLI, OERTI  
Address 2547 TUSCAN OAKS LN  
City-State-Zip: JACKSONVILLE FL 32223

Title P  
Name STERMILLI, OERTI  
Address 2547 TUSCAN OAKS LN  
City-State-Zip: JACKSONVILLE FL 32223

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** OERTI STERMILLI**PRESIDENT****04/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name GRASHI, BLERTA  
Address 8664 PHILIPS HIGHWAY  
City-State-Zip: JACKSONVILLE FL 32256

Title V  
Name FRASHI, BLERTA  
Address 8664 PHILIPS HIGHWAY  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name STERMILLI, OERTI  
Address 2547 TUSCAN OAKS LN  
City-State-Zip: JACKSONVILLE FL 32223

Title S  
Name GRASHI, BLERTA  
Address 8664 PHILIPS HIGHWAY  
City-State-Zip: JACKSONVILLE FL 32256