2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 135670

Name:

Address:

City-St-Zip:

FILED Apr 22, 2008 Secretary of State

Entity Nan	1e: KEY SCAL	LES FORD, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1719 CITRU LEESBURG	JS BLVD 3, FL 34748	US				
Current Mailing Address:			New Maili	New Mailing Address:		
1719 CITRUS BLVD LEESBURG, FL 34748		US				
FEI Number: 59-0464918		FEI Number Applied For ()	FEI Number Not Appl	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	. D SWOOD DR 5, FL 34748	US				
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SCALES, KEY I	5, POST OFFICE BOX 157	Title: Name: Address: City-St-Zip:	PTD (. SCALES, HAF	X) Change()Addition RRIET C ′ 25, POST OFFICE BOX 157	
Title: Name: Address: City-St-Zip:	SD () LUKICH, D.D. 1412 MOSSWO LEESBURG, FL		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SCALES, GEOR	5, POST OFFICE BOX 157	Title: Name: Address: City-St-Zip:	SCALES, LES	25, POST OFFICE BOX 157	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (SCALES, EAR 3002 SW 1ST GAINESVILLE	WAY	
Title.	7.3	Doloto	Т:41-	D () Change (V) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SCALES, JOHN S

5230 CAMP STREET NEW ORLEANS, LA 70115

SIGNATURE: HARRIET C. SCALES Ρ 04/22/2008