2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# 135670

Entity Name: KEY SCALES FORD, INC.

Current Principal Place of Business:

1719 CITRUS BLVD
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

1719 CITRUS BLVD
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-0464918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUKICH, D. D
1412 MOSSWOOD DR
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SCALES, HARRIET C
Address: 16600 S HWY 25, POST OFFICE BOX 157
City-St-Zip: WEIRSDALE, FL 32195

Title: SD ( ) Delete
Name: LUKICH, D.D.
Address: 1412 MOSSWOOD DR
City-St-Zip: LEESBURG, FL 34748

Title: ASD ( ) Delete
Name: SCALES, LESLIE E
Address: 16600 S HWY 25, POST OFFICE BOX 157
City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Delete
Name: SCALES, EARL L JR
Address: 3002 SW 1ST WAY
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: SCALES, JOHN S
Address: 5230 CAMP STREET
City-St-Zip: NEW ORLEANS, LA 70115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCALES, JOHN S
Address: 6515 SW 80TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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.

SIGNATURE: ALFRED C HALIDAY JR CPA 02/09/2009

Electronic Signature of Signing Officer or Director Date