

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90308 018 \*\*\*150.00

<b>DOCUMENT # J28135</b> 1. Entity Name <b>KEN KAR OF THE TREASURE COAST, INC.</b>			
Principal Place of Business <b>1525 SW MARTIN WAY</b> <b>PALM CITY, FL 34990</b> <b>US</b>		Mailing Address <b>P. O. BOX 2729</b> <b>STUART, FL 34995</b>	
2. Principal Place of Business <b>5258 SW Cherokee St</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same as # 2</b> Suite, Apt. #, etc.	
City & State <b>Palm City FL</b>		City & State <b>Palm City FL</b>	
Zip <b>34990</b>		Country <b>MARTIN</b>	
4. FEI Number <b>59-2713853</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BUNTZ, CURTIS</b> <b>1525 SW MARTIN WAY</b> <b>PALM CITY, FL 34990</b>		7. Name and Address of New Registered Agent Name <b>Kenneth Buntz</b> Street Address (P.O. Box Number is Not Acceptable) <b>5258 SW Cherokee Street</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b> <input checked="" type="checkbox"/> Delete NAME <b>BUNTZ, CURTIS</b> STREET ADDRESS <b>2622 RACQUET CLUB DR</b> CITY-ST-ZIP <b>PALM CITY, FL</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <b>VPD</b> <input type="checkbox"/> Delete NAME <b>BUNTZ, KENNETH</b> STREET ADDRESS <b>2622 RACQUET CLUB DR.</b> CITY-ST-ZIP <b>PALM CITY, FL</b>	TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>5258 SW Cherokee St</b> STREET ADDRESS <b>Palm City, FL</b> CITY-ST-ZIP <b>34990</b>		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04/19/05</b> Daytime Phone # <b>772 287-9336</b>	

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