2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # K12754** 1. Entity Name KEN DAVIS AUTO REPAIR, INC.

FILED May 08, 2008 08:00 AN Secretary of State

2332 NE 29 2332 NE 29 0CALA, FL 3	TH AVENUE	731 NE 95TH ST OCALA, FL 34479 US	CE	01072008 4. FEI Number 59-286445 5. Certificate of St		CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Re						
DAVIS, KE 731 NE 95 OCALA, FI	TH ST L 34479	DO NOT WRITE IN THIS SPACE					
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 agant and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$5.	00 May Be ed to Fees			
TITLE	D OFFICERS AND DI	RECTORS		:			
NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, KEN 731 NE 95TH ST OCALA, FL		·				
ITTLE NAME	D DAVIS, CONNIE						
STREET ADDRESS CITY-ST-ZIP	731 NE 95TH ST OCALA, FL			!	96/03/03/03	950228 80060-011 150.00	
IITLE NAME							
STREET ADDRESS CITY-ST-ZIP				DO N	OT WF	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN Th	is sp	/CE	
NAME STREET ADORESS CITY-ST-ZIP			,				
TITLE NAME STREFT ADDRESS							
CITY-SI-ZIP	artifu that the information a maliad with the	Glica dos out multiples for the		in Observer 440. Fire	ald Chatters 15	has patify that the information	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: OTHER OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/17/08 352-847-510²