## 2006 FOR PROFIT CORPORATION

## Mar 15, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #K94024 03-15-2006 90086 002 \*\*\*150.00 1. Entity Name D & K AUTOS, INC. Principal Place of Business Mailing Address 1447 ASPEN LN 1447 ASPEN LN CANTONMENT, FL 32533 CANTONMENT, FL 32533 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc 02282006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2962470 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAJORS, DANIEL A. 1447 ASPEN LN Street Address (P.O. Box Number is Not Acceptable) CANTONMENT FL 32533 उठ वडी Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Addition MAJORS, DANIEL A. NAME NAME STREET ADDRESS 1447 ASPEN LN STREET ADDRESS CITY-ST-7IP CANTONMENT, FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition MAJORS, KATHY A. NAME STREET ADDRESS 1447 ASPEN LN STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL CITY-ST-ZIP Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 attachme th an address, with all other like emplowered

NAME

STREET ADDRESS

CITY-ST-7(P

Delete

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

TURE AND TYPED OR PRINTED NAME OF SIGN

☐ Change

Addition