

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000009750

**Entity Name:** KILIAN MOTOR CARS, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1089 SOUTH NOVA ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

6128 HALFMOON DRIVE  
PORT ORANGE, FL 32127

**New Mailing Address:**

6128 HALF MOON DR  
PORT ORANGE, FL 32127

**FEI Number:** 59-3620832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KILIAN, CASEY A  
1089 SOUTH NOVA ROAD  
ORMOND BEACH, FL 32174 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: KILIAN, CASEY A  
Address: 6128 HALFMOON DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: S  
Name: KILIAN, SHERRY  
Address: 6128 HALF MOON DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: CASEY A KILIAN

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date