

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90186 011 ***150.00

DOCUMENT # P00000060437

1. Entity Name
CAR KING DEPOT CO.



Principal Place of Business
1080 N.W. 31ST AVE
FORT LAUDERDALE, FL 33311

Mailing Address
PO BOX 490002
FORT LAUDERDALE, FL 33349

30036290



2. Principal Place of Business
118 SW 8th CT
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

04072005 Chg-P CR2E034 (10/03)

City & State
Deerfield bch FL
Zip
33441

City & State
Zip
Country

4. FEI Number
65-1036962
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, LENNOX
1080 N.W. 31ST AVE
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name
Lennox Harrison
Street Address (P.O. Box Number is Not Acceptable)
118 SW 8th CT
City
Deerfield bch FL Zip Code
33441

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 *Lennox Harrison* Lennox Harrison

2-1-05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, LENNOX PO BOX 490002 FORT LAUDERDALE, FL 33349	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HARRISON, MONICA 1080 N.W. 31ST AVE FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Monica Harrison 118 SW 8 th CT Deerfield bch FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lennox Harrison* Lennox Harrison

2-1-05 954-448-9664

Date Daytime Phone #