

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90048 014 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000010586	
1. Entity Name KOYOTE, INC.	

Principal Place of Business 2707 E. 15TH ST. CEDAR GROVE, FL 32405	Mailing Address 2707 E. 15TH ST. CEDAR GROVE, FL 32405
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60054587



06062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3701225	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLEMMONS, KODY R
2707 E. 15TH ST.
CEDAR GROVE, FL 32405**

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.

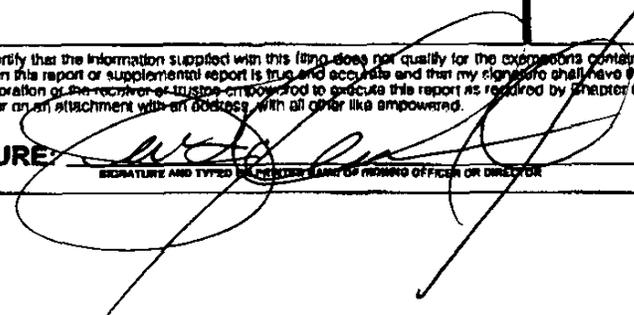
SIGNATURE _____ (NOTE: Registered Agent Signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CLEMMONS, KODY R 2707 E. 15TH ST. CEDAR GROVE, FL 32405
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CLEMMONS, JERI L 2707 E. 15TH ST. CEDAR GROVE, FL 32405
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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 as an attachment with an address, with all other like empowered.

SIGNATURE  _____
SIGNATURE AND TYPED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Type in Phone #)

ATTACHMENT

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Name of Employee	# Hours Worked	# Days Worked	# Weeks Worked	Duties	# of Full Time Equivalent Positions
Brady Barger	40		2	Sales	
Gail Clark	40		16	Clerical	
Kody Clemmons	40		52	Manager	
Steve Golden	40		1	Sales	
Paula Hall	40		20	Clerical	
Glenn Harris	40		15	Sales	
Ludwick Everhart	40		38	Sales	
Michael Morrow	40		3	Sales	
Andrew Pace	40		2	Sales	
Michael Parker	40		47	Detailer	
Darryl Phillips	40		4	Sales	
Jon Priestly	40		16	Office	
Stan Sherwood	40		4	Sales	
Michael Stoops	40		2	Sales	
Tim Taylor	40		46	Sales Manager	
Michael Burch	40		2	Sales	

08/02/2007 THU 10:47 FAX 850 785 8573 Broward Hall Agency

ATTACHMENT

003/003

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#P01000010586
PAGE 3/003 Fax Server

Auto-Owners Ins

7/2/2007 4:08:42 PM

2. Sole Proprietors, Partners, Corporate Executive Officers

Name	Title	Work Performed
Jeri Clemmons	President	Management

3. Work contracted to others during the policy period and/or casual laborers.

Name	Description of Duties	Is Subcontractor Insured? Valid Certificate on File?	# Hours Worked or	# Days Worked or	# Weeks Worked
Brown + Dockery Inc	mechanical	yes			

4. Miscellaneous - Information for Operations list below

Operations	Information needed

IMPORTANT: Has your business operation changed or has any new operation been added since the inception date of this policy? () Yes (X) No If "YES", describe

Comments: no longer a Service Center - Sold to Brown + Dockery Inc.

Sherril Kemp
Name of Person Making Report

Sherril Kemp
Signature of Person Making Report

*If your accountant will not have sufficient records for us to calculate the number of weeks each employee worked, please indicate the name, address, and phone number of the person who will have this information for next years' audit. Thank you.

Name Address Phone number

08/02/2007 THU 10:47 FAX 850 785 8573 Broward Hall Agency

ATTACHMENT

002/003

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Auto-Owners Ins

7/2/2007 4:08:42 PM

PAGE

2/003

Fax Server

Fax 872-8464
Attn. Opri

Date Mailed: July 2, 2007

GARAGE LIABILITY AUDIT LETTER

Agent: 22-0240 Broward Hall Agency
Policy number: 47-158803-00 (96-930778-01)
Policy Term: 04-15-2006 to 04-15-2007

Insured: Roger Clemmons Quality Auto Sales
Street: 2703 E 15th Street
CSZ: Panama City, FL 32405-6353

The above policy was issued on an estimated premium basis. To determine the () interim (X) final premium adjustment we need the information specified in all the below sections of this form. The information requested will be used for premium adjustment only. We do not report to any other source.

If the policy term makes it inconvenient to supply the requested information you may use the period from 04-01-06 to 04-01-07

Please return this form within 15 days in the postage paid envelope provided. If you have any questions, please contact your agent. Thank you for your cooperation.

- Number of weeks worked by each employee (except Sole Proprietors, Partners or Corporate Officers) and number of full-time equivalent positions. NOTE: A full-time equivalent position is one in which the employee works 5 days per week, 52 weeks per year, including vacation time, sick time and other standard leaves of absence. Part-time employees are considered as a percentage of one full-time equivalent employee. If the number of weeks worked is not available, please supply the number of hours or days worked during the period.

Name of Employee	# Hours Worked or:	# Days Worked or:	# Weeks Worked or:	Duties	# Of Full Time Equivalent Positions
<u>Example:</u> John Smith	15 hrs/week			Clerical	15/40 = .375
<i>See Attach list</i>					

ATTACHMENT

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FACSIMILE TRANSMITTAL SHEET

To: Regina Beaty **From:** Sherri Kemp

Fax: 785-8573 **Pages:** 4 (including cover)

Phone: **Date:**

Re: **cc:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

● **Comments:**

Just a reminder, there is no longer a service center. This was sold to Brown & Dockery, Inc. In August 2006. Brown & Dockery, Inc (dba Roger Clemmons Super Service Center) does the mechanical work for RCQAS.

Attached is the breakdown of employees working for the car lot. If you need anything further, please let me know. I did not include the employees that worked for the Service Center-they all went with Brown & Dockery.

If there is anything further, please let me know.

Sherri

814-3021