

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086692

FILED
May 01, 2008
Secretary of State

Entity Name: KARL & SONS AUTO REPAIR, INC.

Current Principal Place of Business:

11570 SEMINOLE BLVD.
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

PO BOX 3497
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 59-3741966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, KARL
11570 SEMINOLE BLVD
LARGO, FL 33778 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELLS, KARL
Address: 4220 78TH WAY N.
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP () Delete
Name: WELLS, LORI A
Address: 4220 78TH WAY N.
City-St-Zip: ST. PETERSBURG, FL 33709

Title: S () Delete
Name: WELLS, EDWARD
Address: 4220 78TH WAY N.
City-St-Zip: ST. PETERSBURG, FL 33709

Title: T () Delete
Name: WELLS, MARK
Address: 4220 78TH WAY N.
City-St-Zip: ST. PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD WELLS

S

05/01/2008

Electronic Signature of Signing Officer or Director

Date