2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# P01000086692

Entity Name: KARL & SONS AUTO REPAIR, INC.

Current Principal Place of Business:

11570 SEMINOLE BLVD.
LARGO, FL 33778

New Principal Place of Business:

7945 ULMERTON RD.
LARGO, FL 33771

Current Mailing Address:

PO BOX 3497
SEMINOLE, FL 33775

New Mailing Address:

7945 ULMERTON RD.
LARGO, FL 33771

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:

WELLS, KARL
7945 ULMERTON RD
LARGO, FL 33771 US

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: KARL WELLS 05/04/2009
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: KARL WELLS PR 05/04/2009
Electronic Signature of Signing Officer or Director Date