2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2005 08:00 AM DOCUMENT # P01000113115 1. Entity Name **Secretary of State** KEN'S AUTOMOTIVE SUPPLY, INC. Principal Place of Business _Mailing Address 5611 JAMES ST NEW PORT RICHEY FL 34652 5611 JAMES ST NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HYTTI, KENNETH Street Address (P.O. Box Number is Not Acceptable) 5611 JAMES ST NEW PORT RICHEY FL 34652 City Zip Cade 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete mu Change Addition NAME HYTTI, KENNETH NAME UCONO0277111 STREET ADDRESS 5611 JAMES ST STREET ADDRESS nº/26/05-80016-006 150.00 NEW PORT RICHEY FL 34652 CITY-ST-7IP CHY-SI-ZP TITLE ☐ Delete DDE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP DTLE Delele Hit ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIE CHY-SI-7P ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7P Hill Delete TITLE ☐ Change ☐ Addition NAME NAME STRELT ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. Thereby 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:

FILED

3-24-05 352-2385954