

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-11-2004 90009 001 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P02000022582 1. Entity Name KENART MOTORS, INC.					
Principal Place of Business 3000 NORTH MAIN STREET GAINESVILLE FL 32601			Mailing Address 3000 NORTH MAIN STREET GAINESVILLE FL 32601		
2. Principal Place of Business 15859 S.R. 50 Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Clement FL		City & State Clement FL		4. FEI Number 43-1987209 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 34711 Country Lake		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAYTON, JAMES E 111 SE FIRST AVENUE GAINESVILLE FL 32601			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____		
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 reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SULLIVAN, ARTHUR 246 MONTEREY ROAD PALM BEACH FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Art Sullivan 1000 Indian Rd Palm Beach FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WESENBERG, KEN 3000 NORTH MAIN STREET GAINESVILLE FL 32601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ken Wesenberg (V.P.) 25702 Derby Dr Sorrento FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOSTIO, WANDA 3000 NORTH MAIN STREET GAINESVILLE FL 32601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wanda Bostio (Sec) 12671 NW Hwy 19 Chiefland FL 32644	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chris Smith (V.P.) 2025 SW 112th St Gainesville FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charlie Crown (Treasurer) 1108 Highland Acres Dr Apopka FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: Charlie Crown 2/5/04 407 654 6600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					