


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000022582</b> 1. Entity Name <b>KENART MOTORS, INC.</b>	
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Principal Place of Business <b>15859 SR 50 CLERMONT, FL 34711</b>	Mailing Address <b>15859 SR 50 CLERMONT, FL 34711</b>
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04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-1987209</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CLAYTON, JAMES E 111 SE FIRST AVENUE GAINESVILLE, FL 32601</b>
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**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, ARTHUR 1000 INDIAN RD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WESENBURG, KENNETH 25702 DERBY DR SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOSTIC, WANDA 12671 NW HWY 19 CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, CHRIS 2025 SW 112TH ST GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROWN, CHARLIE 1108 HIGHLAND ACRES DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000541493  
05/10/06-80060-016 150.00

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

SIGNATURE:  V. PRES 4/27/06 407-654-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #