

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-16-2004 90029 033 ***150.00

4/1

DOCUMENT # P03000010552

1. Entity Name

K.N.C. AUTO SALES INC.



Principal Place of Business

1909 SW 27TH STREET
OCALA FL 34474

Mailing Address

1909 SW 27TH STREET
OCALA FL 34474

66417436



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2685 NW 10th St U

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 4

City & State

Ocala FL

City & State

Zip

34475

Country

US

Country

4. FEI Number

34-2091926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANTON, RHONDA L
1909 SW 27TH STREET
OCALA FL FL

7. Name and Address of New Registered Agent

Name Rhonda L. Blanton

Street Address (P.O. Box Number is Not Acceptable)

1909 SW 27th St

City Ocala

FL

Zip Code

34474

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

Rhonda L. Blanton

(NOTE: Registered Agent signature required when reinstating)

4-4-04

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President
NAME Rhonda L. Blanton
STREET ADDRESS 1909 SW 27th St
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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

Rhonda L. Blanton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-04

Date

352-427-7247

Daytime Phone