## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000146854

Entity Name: KEY AUTO LIQUIDATION CENTER, INC.

FILED Apr 12, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4340 AVALON BLVD. MILTON, FL 32583

Current Mailing Address: New Mailing Address:

4340 AVALON BLVD. 25221 DEQUINDRE

MILTON, FL 32583 MADISON HEIGHTS, MI 48071

FEI Number: 20-0459487 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SISKIND, ALAN MCNAIR, RUSSELL 4340 AVALON BLVD. 4383 GLENEAGLES

MILTON, FL 32583 US BOYNTON BEACH, FL 33436 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: RUSSELL MCNAIR 04/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

Name: SISKIND, ALAN Name: HORVATH, MARK R

 Address:
 3041 KNOTTY PINE DRIVE
 Address:
 25221 DEQUINDRE

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:
 MADISON HEIGHTS, MI 48071

жу-бедір. РЕПОЛОСТА, ГЕ 32303 — МІЛЬІЗОН ПЕІЗІТІЗ, ІМІ 4007 Г

Title: VP ( ) Delete Title: TREA (X) Change ( ) Addition Name: HORVATH, MARK R

Address: 25221 DEQUINDRE Address: 25221 DEQUINDRE

City-St-Zip: MADISON HEIGHTS, MI 48071 City-St-Zip: MADISON HEIGHTS, MI 48071

Title: ( ) Delete Title: SEC ( ) Change (X) Addition

Name: Name: HORVATH, MARK R
Address: Address: 25221 DEQUINDRE

City-St-Zip: City-St-Zip: MADISON HEIGHTS, MI 48071

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

Name: Name: FOSS, DONALD

 Name:
 FOSS, DONALD

 Address:
 Address:
 25505 WEST TWELVE MILE

 City-St-Zip:
 City-St-Zip:
 SOUTHFIELD, MI 48034

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK R HORVATH PRES 04/12/2007