

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90364 038 ***150.00

DOCUMENT # P04000002989 1. Entity Name K & Y'S AUTO BATH INC.					
Principal Place of Business 811 N CLEVELAND AVE FT MEADE, FL 33841			Mailing Address 811 N CLEVELAND AVE FT MEADE, FL 33841		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VALENTINE, KENNETH W 811 N CLEVELAND AVE FT MEADE, FL 33841				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PD VALENTINE, KENNETH W 811 N CLEVELAND AVE FT MEADE, FL 33841 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD VALENTINE, REVA YVONNE W 811 N CLEVELAND AVE FT MEADE, FL 33841 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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: <u>Reva Yvonne Valentine, TSD</u> 4/15/06 863-284-8929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

60029887



02172006 Chg-P CR2E034 (11/05)

4. FEI Number **20-0586278** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**