

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90301 046 \*\*\*150.00

<b>DOCUMENT # P04000004227</b>					
<b>1. Entity Name</b> A KLUB KAR, INC.					
<b>Principal Place of Business</b> 1050 OLD DIXIE HWY VERO BEACH, FL 32960			<b>Mailing Address</b> 1050 OLD DIXIE HWY VERO BEACH, FL 32960		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>04122005    Chg-P    CR2E034 (10/03)</span> </div>					
<b>4. FEI Number</b> 20-0565957				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ALRON ENTERPRISE, INC. 3990 MINTON RD MELBOURNE, FL 32904			Name <u>Paul McPherson</u> Street Address (P.O. Box Number is Not Acceptable) <u>1050 Old Dixie Highway</u> City <u>Vero Beach</u> <u>FL</u> <u>32960</u>		
<b>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.</b>					
SIGNATURE <u>Paul McPherson</u> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>			<u>Paul McPherson Reg Agent 4/12/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHERESON, PAUL 1050 OLD DIXIE HWY VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP McPherson Paul 1050 Old Dixie Highway Vero Beach FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP Habara II, Henry 1050 Old Dixie Highway Vero Beach FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Habara, Barbara 1050 Old Dixie Highway Vero Beach FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
<b>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.</b>					
SIGNATURE: <u>Paul McPherson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Paul McPherson Pres 4/12/05 778-5651</u> <small>Date Daytime Phone #</small>		