## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000046584** K.A.R. FINANCE COMPANY, INC.

Principal Place of Business 1924 S OSPREY AVE, STE 202

SARASOTA, FL 34239

Mailing Address P.O. BOX 49976 SARASOTA, FL 34230

**FILED** May 01, 2006 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

03082006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-0868619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

MCGINNESS, W. LEE 1800 SECOND ST SUITE 971 SARASOTA, FL 34236

> indicated on this report or supplemental report is of the corporation or the receiver or trustee empowers changed, or on an attachment with an address, with a

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| the obligations of registered agent.   |  |  |                                    |   |   |
|--|--|--|------------------------------------|---|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |  |                                    |   |   |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.                                   |  |  | g 🗆                                | \$5.00 May Be<br>Added to Fees  |   |
| 10.  | OFFICERS AND DIREC   | TORS   |                                    |   |   |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP  | PST<br>SALSER, RANDAL D<br>1924 S OSPREY AVE, STE 202<br>SARASOTA, FL 34239  | -  |                                    |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                                    |   | U00000556532<br>05/17/06-80014-007 150.00   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                                    | DO  | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                                    | IN .  | THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                                    |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  | •                                  | •   |   |
| 12. I hereby of indicated of the corrections   | certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee employee of the control of the con | ing does not qualify for the exemp<br>a accurate and that my signature<br>to execute this report as required | tions cor<br>shall have<br>by Chap | ntained in Chapter 119<br>ve the same legal effecter 607, Florida Statute | Region Property of the state of the sta |

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 Fiorida. I am familiar with, and accept