


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90003 016 ***550.00

DOCUMENT # P04000066270	
1. Entity Name KAR ENTERPRISES, INC.	

Principal Place of Business 1895 TAMiami TRAIL NORTH FORT MYERS FL 33903	Mailing Address P.O. BOX 100231 CAPE CORAL FL 33910
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2. Principal Place of Business - No P.O. Box # 2020 QUEEN ST Suite, Apt. #, etc. UNIT 21 City & State N. FORT MYERS Zip 33917-2953	3. Mailing Address Suite, Apt. #, etc. City & State Country LEE
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1st MOORE CR2E034 (10/06)

4. FEI Number 20-1033314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANEHL, ROBERT A 1895 TAMiami TRAIL NORTH FORT MYERS FL 33903	

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 <u>ROBERT A KANEHL</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)
DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KANEHL, ROBERT A 1895 TAMiami TRAIL NORTH FORT MYERS FL 33903 <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	VP KANEHL, ROBERT A 1895 TAMiami TRAIL NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Robert A Kanehl</u> ROBERT A. KANEHL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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