

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90030 043 ***150.00

50056708



02082005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000161336 1. Entity Name KAMCO AUTOMOTIVE, INC.			
Principal Place of Business 40719 US HIGHWAY 19N TARPON SPRINGS, FL 34689		Mailing Address 40719 US HIGHWAY 19N TARPON SPRINGS, FL 34689	
2. Principal Place of Business 40719 US Highway 19N Suite, Apt. #, etc.		3. Mailing Address 40719 US Highway 19N Suite, Apt. #, etc.	
City & State Tarpon Springs, FL Zip 34689 Country USA		City & State Tarpon Springs, FL Zip 34689 Country USA	
4. FEI Number 260101052		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 KAMINSKI, SUSAN J 40719 US HIGHWAY 19N TARPON SPRINGS, FL 34689		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PTD KAMINSKI, SUSAN J 8329 BROKEN WILLOW LN PORT RICHEY, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KAMINSKI, JOSEPH F IV 8329 BROKEN WILLOW LN PORT RICHEY, FL 34668	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
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
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.			
SIGNATURE:		7-14-05 727-945-0484 Date Daytime Phone #	

ATTACHMENT

7-14-05

To Examiner: 50056708

PD4 000161336

Kamco did not receive prior notice
to file. we recently just received a
notice of intent to dissolve. we called
and spoke to examiner. This letter was
said is added to our filing, on direction.

Please, accept our request to have the
400⁰⁰ late fee waived as we did not
receive prior notice.

Thank you

