

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90015 030 ***150.00

DOCUMENT # P07000044106 1. Entity Name K & K AUTOMOTIVE, INC.					
Principal Place of Business 4769 NW 46 AVE. OCALA, FL 34482		Mailing Address 4769 NW 46 AVE. OCALA, FL 34482			
2. Principal Place of Business - No P.O. Box # 15 Sunrise Court		3. Mailing Address 15 Sunrise Court			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 	
Zip 34472		Country Marion		Applied For <input checked="" 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 HARTMAN, KEVIN J 4769 NW 46 AVE. OCALA, FL 34482			7. Name and Address of New Registered Agent Name Hartman, Kevin J Street Address (P.O. Box Number is Not Acceptable) 15 Sunrise Court City Ocala FL Zip Code 34472		
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 K Hartman DATE 7/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, KEVIN J 4769 NW 46 AVE. OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hartman, Kevin J 15 Sunrise Court Ocala FL 34472	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, KATHERINE A 4769 NW 46 AVE. OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hartman, Katherine A 15 Sunrise Court Ocala FL 34472	
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 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: Katherine Hartman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/23/08 Daytime Phone # 8521 438-2105		