

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000079317

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** SHANE & KENS REPAIR SHOP INC

**Current Principal Place of Business:**

714 HINSON AVE E  
HAINES CITY, FL 33836

**New Principal Place of Business:**

714 HINSON AVE E  
HAINES CITY, FL 33844

**Current Mailing Address:**

3010 ADAIR RD  
DAVENPORT, FL 33837

**New Mailing Address:**

FEI Number: 45-2923539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TYLER, SHANE  
3010 ADAIR RD  
DAVENPORT, FL 33837 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: TYLER, SHANE  
Address: 3010 ADAIR RD  
City-St-Zip: DAVENPORT, FL 33837

Title: CEO  
Name: DAVID, KENNETH  
Address: 1006 HUCKLEBERRY RD  
City-St-Zip: DAVENPORT, FL 33837

Title: MGR  
Name: DAVID, SAMANTHA  
Address: 3010 ADAIR RD  
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHANE TYLER

CEO

03/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date