


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000041474

1. Entity Name
K.E.L. AUTO SALES, INC.



Principal Place of Business 16133 US 19 N HUDSON, FL 34667	Mailing Address 16133 US 19 N HUDSON, FL 34667
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08102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3246761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARSH, ERNEST
 12156 93 WAY N.
 LARGO, FL 33773

DO NOT WRITE IN THIS SPACE

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 _____ DATE 08/29/06-80003-013 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARSH, ERNEST 16133 US 19 N HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARSH, JEANETTE 16133 US 19 N HUDSON, FL 34667
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DO NOT WRITE IN THIS SPACE

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: ERNEST R LARSH *West R Ford* (727) 808-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #