

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000017216	
1. Entity Name KILLINGSWORTH AUTOMOTIVE, INC.	



Principal Place of Business 2107 E. COLLEGE AVE RUSKIN, FL 33570	Mailing Address 902 21ST ST SE RUSKIN, FL 33570
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DO NOT WRITE IN THIS SPACE

04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3352621	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 CREASON, CHERYL A 105 7TH AVE NE RUSKIN, FL 33570
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS KILLINGSWORTH, WILLIAM F 902 21ST ST SE RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT KILLINGSWORTH, SHIRLEY B 902 21ST ST SE RUSKIN, FL 33570
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04/15/05-80073-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William Killingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 813-645-7220
Date Daytime Phone #