

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000017216

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: KILLINGSWORTH AUTOMOTIVE, INC.

**Current Principal Place of Business:**

2117 E. COLLEGE AVE  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

902 21ST ST SE  
RUSKIN, FL 33570

**New Mailing Address:**

FEI Number: 59-3352621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CREASON, CHERYL A  
105 7TH AVE NE  
RUSKIN, FL 33570 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: KILLINGSWORTH, WILLIAM F  
Address: 902 21ST ST SE  
City-St-Zip: RUSKIN, FL 33570

Title: DVT ( ) Delete  
Name: KILLINGSWORTH, SHIRLEY B  
Address: 902 21ST ST SE  
City-St-Zip: RUSKIN, FL 33570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM KILLINGSWORTH

DPS

03/31/2009

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

\_\_\_\_\_  
Date