

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000038943

Entity Name: GENE'S KAR SHOP, INC.

FILED
Feb 26, 2004
Secretary of State

Current Principal Place of Business:

921 SHADOW DR
LAKELAND, FL 33809

New Principal Place of Business:

921 SHADOW DR
UNIT #12
LAKELAND, FL 33809

Current Mailing Address:

PO BOX 560
KATHLEEN, FL 33849 US

New Mailing Address:

FEI Number: 65-0686113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGGINS, LARRY E
7201 CATHERINE DRIVE
LAKELAND, FL 33810 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: D () Delete
Name: COGGINS, LARRY E
Address: 7201 CATHERINE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COGGINS, LARRY E
Address: 7201 CATHERINE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: VP () Change (X) Addition
Name: COGGINS, DENISE D
Address: 7201 CATHERINE DR
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENISE D. COGGINS

VP

02/26/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date