2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035278

KARNS, WILLIAM E

20001 GULF BOULEVARD, #10

INDIAN SHORES, FL 33785

Name:

Address:

City-St-Zip:

Entity Name: WILLIAM KARNS ENTERPRISES, INC

FILED Feb 19, 2008 Secretary of State

Lillity Na	IIIC. VVILLIAIV	I MARINO LINTERFRIOLO, II	VC.				
Current P	rincipal Plac	e of Business:	New Princi	New Principal Place of Business:			
SUITE 10	LF BOULEVA						
	,						
Current Mailing Address:			New Mailin	New Mailing Address:			
SUITE 10	LF BOULEVA HORES, FL 3:						
	: 59-3439914	FEI Number Applied For ()	FEI Number Not Applic	able ()	Certificate of Status Desire	ed ()	
Name and	d Address of	Current Registered Agent	: Name and A	Name and Address of New Registered Agent:			
SUITE 10	VILLIAM F LF BOULEVA HORES, FL 3:						
	e named entity e of Florida.	submits this statement for t	ne purpose of changing its	s registered of	ffice or registered agent,	or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered	Agent		Date		
Election Ca	mpaign Financir	ng Trust Fund Contribution ().					
OFFICER	S AND DIREC	CTORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KARNS, WILL	OULEVARD, #10	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	KARNS, WILL	OULEVARD, #10	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	CHANEY, KEV	OULEVARD, #10	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title:	ST () Delete	Title:	S (X)	Change () Addition		

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.

Name:

Address:

City-St-Zip:

BRAINARD, SCOTT

20001 GULF BOULEVARD, #10

INDIAN SHORES, FL 33785

SIGNATURE: WILLIAM F. KARNS PRES 02/19/2008