STREET ADDRESS CITY-ST-ZIP

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 06, 2005 08:00 AM Secretary of State DOCUMENT # P99000042499 K B K AUTOMOTIVE INC. Principal Place of Business Mailing Address 3762 S. HOPKINS AVENUE 3762 S. HOPKINS AVENUE TITUSVILLE, FL 32980 TITUSVILLE, FL 32980 02172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3573119 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POLTA, EUGENE K DO NOT WRITE 1806 VIA CAPRI MERRITT ISLAND, FL 32952 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, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE п SCOTT, KENNETH M NAME STREET ADDRESS 7005 GLENHAVEN ST. CITY-ST-ZIP COCOA, FL 32927 TITLE NAME 05/05/05-80035-010 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify 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 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: Signature and typed or printed name of signing officer or director 5/3/05 321-267-5102

Date Date Date Dayline Prica \*