2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # V00840

1. Entity Name
KEN'S AUTO REPAIR OF CAPE CORAL, INC.

Principal Place of Business	Mailing Address
4533 DEL PRADO BLVD. CAPE CORAL, FL 33904 US	4533 DEL PRADO BLVD. CAPE CORAL, FL 33904 US

01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0308483
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUMAN, KENNETH L., SR.
4533 DEL PRADO BLVD.
CAPE CORAL, FL 33904-7442

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHUMAN, KENNETH L. SR.
STREET ADDRESS	12320 COUNTRY EAGLE LN.
CITY-ST ZIP	CAPE CORAL, FL
TITLE	D
NAME	SCHUMAN, MARILYN A.
STREET ADDRESS	12320 COUNTRY EAGLE LN.
CITY-ST ZIP	CAPE CORAL, FL
TITLE	S
NAME	SCHUMAN, KENNETH L. JR.
STREET ADDRESS	2221 SW 43RD TERR
CITY ST ZIP	CAPE CORAL, FL 33914
TITLE	T
NAME	SCHUMAN, KIMBERLY A
STREET ADDRESS	12320 COUNTRY EAGLE LANE
CITY ST ZIP	CAPE CORAL, FL 33909
TITLE	S
NAME	BARNES, KAREN M
STREET ADDRESS	5243 CEDAR BEND DR #3
CITY-ST ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/28/06-80034-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kenneth L. Schuman Sr KENNETH L. SCHUMAN SR 4-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #