

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 045 ***150.00

DOCUMENT # V00840

1. Entity Name

KEN'S AUTO REPAIR OF CAPE CORAL, INC.



Principal Place of Business

4533 DEL PRADO BLVD.
CAPE CORAL FL 33904
US

Mailing Address

4533 DEL PRADO BLVD.
CAPE CORAL FL 33904
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SCHUMAN, KENNETH L. SR.
STREET ADDRESS 12320 COUNTRY EAGLE LN.
CITY-ST-ZIP CAPE CORAL FL

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHUMAN, MARILYN A.
STREET ADDRESS 12320 COUNTRY EAGLE LN.
CITY-ST-ZIP CAPE CORAL FL

TITLE U.P. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SCHUMAN, KENNETH L. JR.
STREET ADDRESS 2221 SW 43RD TERR
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SCHUMAN, KIMBERLY A
STREET ADDRESS 12320 COUNTRY EAGLE LANE
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BARNES, KAREN M
STREET ADDRESS 5243 CEDAR BEND DR #3
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☒ Change ☐ Addition
NAME BARNES, KAREN M
STREET ADDRESS 1441 COLLINS RD.
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08

239-542-5540

SCHUMAN, S.

Daytime Phone #