

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067404

**FILED
Apr 21, 2014
Secretary of State
CC2223030903**

Entity Name: KENNETH DORN'S PRO CARE DRIVE SERVICE, INC.

Current Principal Place of Business:

18005 COUNTY ROAD 455
CLERMONT, FL 34715

Current Mailing Address:

P.O.BOX 560144
MONTVERDE, FL 34756

FEI Number: 26-0355481

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DORN, KENNETH W
18005 COUNTY ROAD 455
CLERMONT, FL 34715 US

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

Officer/Director Detail :

Title PD
Name DORN, KENNETH
Address 18005 COUNTY ROAD 455
City-State-Zip: CLERMONT FL 34715

Title VP
Name DORN, HEATH
Address 191 DAKOTA AVE.
City-State-Zip: GROVELAND FL 34736

Title S
Name DORN, PAULA
Address 18005 COUNTY ROAD 455
City-State-Zip: CLERMONT FL 34715

I hereby 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 all other like empowered.

SIGNATURE: PAULA DORN

S

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date