

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000067404

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC3632108456**

**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: No**

**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: KENNETH W. DORN**

**PRESIDENT**

**02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date