

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006162

Entity Name: KOMO ASSOCIATES INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

2746 SE EAGLE DR.
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7997
PORT ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: 59-2780496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOMO, THELMA
2746 SE EAGLE DR.
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: KOMO, THELMA
Address: 2746 SE EAGLE DR.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S () Delete
Name: HALL, DIANA
Address: 1266 POUNDS LANE
City-St-Zip: CLARKSTON, GA 30021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THELMA KOMO

PRES

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date