

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90984 039 ***150.00

0443259 AV

DOCUMENT # P02000103306

1. Entity Name
KMD CONSTRUCTION, INC.



Principal Place of Business
**7421 POP DRIVE
WESLEY CHAPEL FL 33544**

Mailing Address
**7421 POP DRIVE
WESLEY CHAPEL FL 33544**



2. Principal Place of Business
7421 Pop Drive

3. Mailing Address
7421 Pop Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Wesley Chapel, Florida

City & State
Wesley Chapel, Florida

4. FEI Number
52-2378410

Applied For
Not Applicable

Zip
33544

Country
USA

Zip
33544

Country
USA

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

**ANKERS, KENNETH C
7421 POP DRIVE
WESLEY CHAPEL FL 33544**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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/P** Delete
NAME: **ANKERS, KENNETH C**
STREET ADDRESS: **37050 NICHOLE AVE**
CITY-ST-ZIP: **ZEPHYRHILLS FL 33541**

TITLE: **President** Change Addition
NAME: **Kenneth C. Ankers**
STREET ADDRESS: **37050 Nichole Ave**
CITY-ST-ZIP: **Zephyrhills, FL 33541**

TITLE: **VP** Delete
NAME: **HAMPTON, DAVID L STD**
STREET ADDRESS: **1239 TULIPWOOD DR**
CITY-ST-ZIP: **SEFFNER FL 33584**

TITLE: **Vice President** Change Addition
NAME: **David L. Hampton**
STREET ADDRESS: **1239 Tulipwood Dr.**
CITY-ST-ZIP: **SEFFNER, FL 33584**

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **Treasurer** Change Addition
NAME: **David L. Hampton**
STREET ADDRESS: **1239 Tulipwood Dr.**
CITY-ST-ZIP: **SEFFNER, FL 33584**

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **Secretary** Change Addition
NAME: **Jose Gonzalez**
STREET ADDRESS: **7421 Pop Drive**
CITY-ST-ZIP: **Wesley Chapel, FL 33584**

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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 exemption stated in Section 119.07(3)(i), 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: **DAVID L. HAMPTON - VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2003
Date

813-714-4339
Daytime Phone #

CR2E034 (10/02)