

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000088989

1. Entity Name
KAMN INVESTMENT, INC.



Principal Place of Business

**1381 KILLIAN DRIVE
SUITE 1
LAKE PARK, FL 33403**

Mailing Address

**1381 KILLIAN DRIVE
SUITE 1
LAKE PARK, FL 33403**

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0146445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BONNEAU FINANCIAL SERVICES, INC.
5601 OLD MYSTIC COURT
JUPITER, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

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 of the current registered agent and the filer.

NOTE: Registered Agent signature required when changing.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUSCO, NICHOLAS
STREET ADDRESS	1381 KILLIAN DRIVE, SUITE 1
CITY ST ZIP	LAKE PARK, FL 33403
TITLE	VP
NAME	FUSCO, ALBERT
STREET ADDRESS	1381 KILLIAN DRIVE, SUITE 1
CITY ST ZIP	LAKE PARK, FL 33403
TITLE	T/S
NAME	HAGOOD, MARY E
STREET ADDRESS	1381 KILLIAN DRIVE, SUITE 1
CITY ST ZIP	LAKE PARK, FL 33403
TITLE	VP
NAME	HARRIS, KENNETH W
STREET ADDRESS	1381 KILLIAN DRIVE, SUITE 1
CITY ST ZIP	LAKE PARK, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/29/05-80042-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I file empowered.

SIGNATURE: *Mary E Hagood* **MARY E HAGOOD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05

DATE

561-248-6219

PHONE NUMBER