2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000119826

1. Entity Name
KMD DEVELOPMENT & ENTERPRISES, INC.

Principal Place of Business
13635 21ST STREET
DADE CITY, FL 33525

Mailing Address
13635 21ST STREET
DADE CITY, FL 33525

01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0100239
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMPTON, DAVID L
13635 21ST STREET
DADE CITY, FL 33525

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000470400
03/28/06-80012-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HAMPTON, DAVID L
STREET ADDRESS	13635 21ST STREET
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	V
NAME	ANKERS, KENNETH C
STREET ADDRESS	13635 21ST STREET
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	S
NAME	BOWMAN, FRED T.
STREET ADDRESS	13635 21ST STREET
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 (PRESIDENT) 3/14/06 352 518-0518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #