

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

03-21-2005 90091 046 ***150.00

DOCUMENT # P04000050600			
1. Entity Name KYM INDUSTRIES HDT, INC.			
Principal Place of Business 207 SMITH RD SLOCOMB, AL 36375		Mailing Address 207 SMITH RD SLOCOMB, AL 36375	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 200942144		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, BRUCE H 19038 SE LOXAHATCHEE RIVER RD JUPITER, FL 33468		7. Name and Address of New Registered Agent Dotham, AL 36303 6656 Via AFIK FL 33467	
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 agents. SIGNATURE <i>Bruce H. Morrison</i> <i>Colores Wacker</i> 5/23/05 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when representing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MORRISON, BRUCE H 19038 SE LOXAHATCHEE RIVER RD JUPITER, FL 33468 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP Morrison Bruce H. 805 San Juan Ct. Dotham, AL 36303 ☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
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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 reports 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 <i>Bruce H. Morrison</i> SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR		Date <i>5/23/05</i> Date	

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