




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90190 031 \*\*\*150.00

<b>DOCUMENT #681938</b> 1. Entity Name <b>KAMMERUDE AND ASSOCIATES, INC.</b>					
Principal Place of Business <b>106 LINCOLN AVENUE</b> <b>CAPE CANAVERAL, FL 32920</b>			Mailing Address <b>248 CORAL DRIVE</b> <b>CAPE CANAVERAL, FL 32920</b>		
2. Principal Place of Business - No P.O. Box # <b>248 Coral Drive</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>CAPE CANAVERAL FL</b>		City & State		4. FEI Number <b>59-2019496</b>	
Zip <b>32920</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KAMMERUDE, MARY</b> <b>248 CORAL DRIVE</b> <b>CAPE CANAVERAL, FL 32920</b>			7. Name and Address of New Registered Agent Name <b>KAMMERUDE Jeffrey, D</b> Street Address (P.O. Box Number is Not Acceptable) <b>248 CORAL DRIVE</b> City <b>CAPE CANAVERAL FL</b> Zip Code <b>32920</b>		
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:  DATE: <b>2/21/08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PDST</b>	NAME <b>KAMMERUDE, MARY</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>248 CORAL DRIVE</b>	CITY-ST-ZIP <b>CAPE CANAVERAL, FL 32920</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D KAMMERUDE</b>	NAME <b>KAMMERUDE, JEFFREY D</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>248 CORAL DRIVE</b>	CITY-ST-ZIP <b>CAPE CANAVERAL, FL 32920</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Date: <b>2/21/08</b> Daytime Phone #: <b>321-783-6620</b>		