

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006162

Entity Name: KOMO ASSOCIATES INC.

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

2746 SE EAGLE DR.  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7997  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

FEI Number: 59-2780496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOMO, THELMA  
2746 SE EAGLE DR.  
PORT ST. LUCIE, FL 34984 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: KOMO, THELMA  
Address: 2746 SE EAGLE DR.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S ( ) Delete  
Name: HALL, DIANA  
Address: 1266 POUNDS LANE  
City-St-Zip: CLARKSTON, GA 30021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THELMA KOMO

PRES

04/13/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date