2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006609

Address:

City-St-Zip:

800 HIGH STREET

CHESTERTOWN, MD 21620

Entity Name: KRM DEVELOPMENT CORPORATION

FILED Jan 11, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
151 DIXON CHESTER	N DRIVE RTOWN, MD 210	520			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
151 DIXON DRIVE CHESTERTOWN, MD 21620			800 HIGH STREET CHESTERTOWN, MD 21620		
FEI Number	: 23-1643055	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
TAMPA, F	RÖADWAY L 33619 US	bmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.		parpose of changing to regions	a omeo or regional agent, or both,	
SIGNATUI					
	Electronic	Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () E ATHEY, RONALD 151 DIXON DRIV CHESTERTOWN	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E FRASCELLA, AN' 151 DIXON DRIV CHESTERTOWN	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD () C CANALICHIO, JAI 800 HIGH STREE		Title: Name: Address:	() Change () Addition	
City-St-Zip:	CHESTERTOWN	MD 21620	City-St-Zip:		

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

Address:

City-St-Zip:

SIGNATURE: JAMES F CANALICHIO TD 01/11/2005