2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# H71056

Entity Name: K & M BUILDERS OF THE KEYS, INC.

Current Principal Place of Business:

31 PALM DR
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

31 PALM DR
P.O. BOX 1669
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 59-2652754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KACZKA, CHESTER C.
212 LIGNUMVITAE DR
KEY LARGO, FL 33037 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:	P	( ) Delete
Name:	KACZKA, CHESTER,	
Address:	212 LIGNUMVITAE DR	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	S	( ) Delete
Name:	KACZKA,CHESTER,	
Address:	212 LIGNUMVITAE DR	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	VP	( ) Delete
Name:	KACZKA,CHESTER,	
Address:	212 LIGNUMVITAE DR	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	T	( ) Delete
Name:	GRAYSON, STEPHEN	
Address:	436 HIGHLANDS LAKE DR	
City-St-Zip:	LAKE PLACID, FL 33582	
Title:	VP	( ) Delete
Name:	MORSE, GARY K	
Address:	549 PLANTE ST	
City-St-Zip:	KEY LARGO, FL 33037 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	SAMUEL C STOIA,	
Address:	18 BASS AVE	
City-St-Zip:	KEY LARGO, FL 33037	
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: CHESTER KACZKA P 04/13/2008

Electronic Signature of Signing Officer or Director — Date