

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71056

FILED  
Mar 08, 2009  
Secretary of State

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:

31 PALM DR  
KEY LARGO, FL 33037

FEI Number: 59-2652754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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: SAMUEL C STOIA,  
Address: 18 BASS AVE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

03/08/2009

Electronic Signature of Signing Officer or Director

Date