

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05862

Entity Name: K & M ENTERPRISES, INC.

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

% TOMMY ALLEN HARRELL  
1450 SW 21ST AVE  
OCALA, FL 32674

**New Principal Place of Business:**

% TOMMY ALLEN HARRELL  
1450 SW 21ST AVE  
OCALA, FL 34474

**Current Mailing Address:**

% TOMMY ALLEN HARRELL  
1450 SW 21ST AVE  
OCALA, FL 32674

**New Mailing Address:**

% TOMMY ALLEN HARRELL  
POST OFFICE BOX 3034  
OCALA, FL 34478

FEI Number: 59-2862043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARRELL, TOMMY ALLEN  
1450 SW 21ST AVE  
OCALA, FL 34474 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: PD ( ) Delete  
Name: HARRELL, TOMMY ALLEN  
Address: 1450 SW 21ST AVE  
City-St-Zip: Ocala, FL

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

Title: PD (X) Change ( ) Addition  
Name: HARRELL, TOMMY ALLEN  
Address: 1450 SW 21ST AVE  
City-St-Zip: Ocala, FL 34474

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: TOMMY A HARRELL

PRES

04/21/2009

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

\_\_\_\_\_  
Date