

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90031 048 \*\*\*150.00

**DOCUMENT # L51844**

1. Entity Name  
**KMC ENTERPRISES, INC.**



Principal Place of Business  
**8101 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223 US**

Mailing Address  
**8101 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223 US**

2. Principal Place of Business

3. Mailing Address

**147 TAMPA AVE. - EAST**

**147 TAMPA AVE. - EAST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**UNIT 601**

**UNIT 601**

City & State  
**VENICE FL.**

City & State  
**VENICE FL.**

Zip

Country

Zip

Country

**34285**

**34285**

04072004

Chg-P

CR2E034 (10/03)

4. FEI Number

**31-1293215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALLA, KIM  
8101 MANASOTA KEY RD  
ENGLEWOOD, FL 34223**

Name  
**CALLA, Kim**

Street Address (P.O. Box Number is Not Acceptable)

**147 TAMPA AVE. EAST**

**UNIT 601**

City  
**VENICE**

**FL**

Zip Code  
**34285**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CALLA, KIM  
8101 MANASOTA KEY RD  
ENGLEWOOD, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CALLA KIM  
147 TAMPA AVE EAST- UNIT 601  
VENICE FL 34285** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kim M. Calla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-2004 941-4880277**  
Date Daytime Phone #