

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90041 020 ***150.00

DOCUMENT # L62384

1. Entity Name

KMD EXECUTIVES, INC.



Principal Place of Business

C/O REALTY EXECUTIVES
4020 PARK ST NORTH STE 101
ST. PETERSBURG FL 33709
US

Mailing Address

C/O REALTY EXECUTIVES
4020 PARK ST NORTH STE 101
ST. PETERSBURG FL 33709
US

54027677



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3004427

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

QUINTY, KATHY
C/O REALTY EXECUTIVES
4020 PARK ST NORTH STE 101
ST. PETERSBURG FL 33709

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME WEINGART, JEANNE
STREET ADDRESS 10256 106 TERR N
CITY-ST-ZIP SEMINOLE FL

TITLE VP ☐ Delete
NAME DAFNIS, DAVID
STREET ADDRESS 323 7 AVE N
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE VP ☐ Delete
NAME MEADOWS, LARRY
STREET ADDRESS 106 1ST E #316
CITY-ST-ZIP TIERRA VERDE FL 33707

TITLE V ☐ Delete
NAME SIGLER, GERALD
STREET ADDRESS 1000 131 ST. N.
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #