

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1/2

DOCUMENT # L62384		
1. Entity Name KMD EXECUTIVES, INC.		

07 JUN 15 PM 2:49

STATE
FLORIDA

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05102007 Chg-P CR2E034 (12/06)

City & State	City & State
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4. FEI Number 59-3004427	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
QUINTY, KATHY C/O REALTY EXECUTIVES 4020 PARK ST NORTH STE 101 ST. PETERSBURG, FL 33709	

7. Name and Address of New Registered Agent	
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.

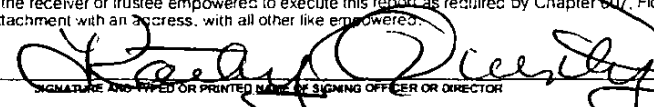
500104984065
06/28/07--01037--019 **\$61.25

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)	DATE
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINGART, JEANNE 10256 106 TERR N SEMINOLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATRICIA IVERS 5400 PARK ST N #409 ST PETERSBURG, FL 33709 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAFNIS, DAVID 323 7 AVE N TIERRA VERDE, FL 33715 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS HAGERMAN 1040 56 AVENUE SOUTH ST PETERSBURG, FL 33705 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINTY, KATHY 7710 SW 117TH ST RD OCALA, FL 34476 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAY GLASSMAN 7602 KINNOW COURT LAND O' LAKES, FL 34637 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIGLER, GERALD 1000 131 ST. N. SEMINOLE, FL 33776 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATHY JONES 8277 39th AVENUE NORTH ST PETERSBURG, FL 33709 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, MICHAEL 7710 SW 117TH ST RD OCALA, FL 34476 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOAN FITTERLING 358 BAHIA VISTA DRIVE INDIAN ROCKS BEACH, FL 33785 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAUL J CAMP 9110 1st STREET NORTH ST PETERSBURG, FL 33702 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date	Daytime Phone #
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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C/O REALTY EXECUTIVES
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ST. PETERSBURG, FL 33709 US

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

ATTACHMENT



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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4. FEI Number
59-3004427

Applied For
Not Applicable

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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

Amended AR is \$61.25

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

TITLE V ☐ Change ☒ Addition
NAME TERRY MOREHOUSE
STREET ADDRESS 12075 7th STREET EAST
CITY-ST-ZIP TREASURE ISLAND, FL 33706

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

TITLE V ☐ Change ☒ Addition
NAME STEVEN GEORGE ROBERTSON
STREET ADDRESS 9945 47th AVE N #106
CITY-ST-ZIP ST PETERSBURG, FL 33708

TITLE P ☐ Delete
NAME QUINTY, KATHY
STREET ADDRESS 7710 SW 117TH ST RD
CITY-ST-ZIP OCALA, FL 34476

TITLE V ☐ Change ☒ Addition
NAME VERONICA CASON
STREET ADDRESS 8086 12th AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33708

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

TITLE V ☐ Change ☒ Addition
NAME LISA MICHELLE ROMANO
STREET ADDRESS 9815 GULF BLVD
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE VP ☐ Delete
NAME DAVIS, MICHAEL
STREET ADDRESS 7710 SW 117TH ST RD
CITY-ST-ZIP OCALA, FL 34476

TITLE V ☐ Change ☒ Addition
NAME RICHARD ALLEN VERDERICO
STREET ADDRESS 819 24th AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained 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 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 #