

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90028 033 ***158.75

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**

60024492



04102008 Chg-P CR2E034 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3004427

Applied For
Not Applicable

Zip Country

Zip Country

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, 2008 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 VP
NAME WEINGART, JEANNE
STREET ADDRESS 10256 106 TERR N
CITY-ST-ZIP SEMINOLE, FL ☐ Delete

TITLE ☒ Lewis Hagerman
NAME 1040 56 AVE S
STREET ADDRESS ST. PETERSBURG, FL 33705 ☐ Change ☐ Addition

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

TITLE ☒ Gay Glassman
NAME 7602 KINNOW COURT
STREET ADDRESS LAND O' LAKES, FL 34637 ☐ Change ☐ Addition

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

TITLE ☒ Kathy Jones
NAME 8277 139 AVE N
STREET ADDRESS ST. PETERSBURG, FL 33709 ☐ Change ☐ Addition

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

TITLE ☒ John Fitterling
NAME 358 BAHIA VISTA DR
STREET ADDRESS Indian Rocks Beach, FL 33785 ☐ Change ☐ Addition

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

TITLE ☒ TERRY Monelowe
NAME 12075 7TH STREET E.
STREET ADDRESS Treasure Island, FL 33706 ☐ Change ☐ Addition

TITLE V
NAME IVERS, PATRICIA
STREET ADDRESS 5400 PARK STREET NORTH, #409
CITY-ST-ZIP ST. PETERSBURG, FL 33709 ☐ Delete

TITLE ☒ Steven George Robertson
NAME 9945 47 AVE N. # 106
STREET ADDRESS ST. PETERSBURG, FL 33708 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

Date

727-347-1000

Daytime Phone #

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ATTACHMENT

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAFNIS, DAVID 323 7 AVE N TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. QUINTY, KATHY 7710 SW 117TH ST RD OCALA, FL 34476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIGLER, GERALD 1000 131 ST. N. SEMINOLE, FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, MICHAEL 7710 SW 117TH ST RD OCALA, FL 34476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IVERS, PATRICIA 5400 PARK STREET NORTH, #409 ST. PETERSBURG, FL 33709	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERONICA CASON 8086 12 AVE. S. ST. PETERSBURG, FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lisa Michelle Romano 9515 Gulf Blvd Treasure Island, FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard Allen Verderico 14236 85 AVE. Seminole, FL 33776	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

Date

727-347-1000

Daytime Phone #