
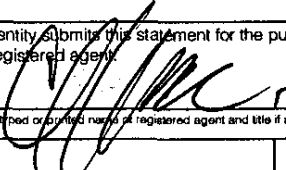
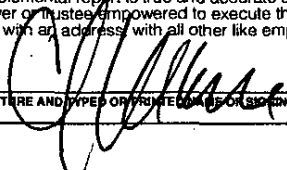


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90012 023 ***150.00

DOCUMENT # P00000011336 1. Entity Name K & M OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 36486 EMERALD COAST PKWY 6101 DESTIN, FL 32541			Mailing Address PO BOX 309 FORT WALTON BEACH, FL 32549		
2. Principal Place of Business 34990 Emerald Coast Pkwy Suite, Apt. #, etc. Suite 401 City & State Destin, FL Zip 32541		3. Mailing Address 34990 Emerald Coast Pkwy Suite, Apt. #, etc. Suite 401 City & State Destin, FL Zip 32541			
Country U.S.		Country U.S.		01192004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3627826				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUSE, CRAIG J 36468 EMERALD COAST PKWY. #6101 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Craig J. Kruse Street Address (P.O. Box Number is Not Acceptable) 34990 Emerald Coast Pkwy. Suite 401 City Destin FL Zip Code 32541		
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: 1/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P KRUSE, CRAIG J P.O. BOX 309 FT. WALTON BEACH, FL 32549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Craig J. Kruse 34990 Emerald Coast Pkwy. Ste 401 Destin, Florida 32541
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date: 1/28/04 Daytime Phone #: 850-269-1212		