

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000110360
1. Entity Name
K & M ENTERPRISES OF NORTH FLORIDA, INC.



Principal Place of Business 1008 LORING AVE SUITE 29 ORANGE PARK, FL 32003	Mailing Address 1008 LORING AVE SUITE 29 ORANGE PARK, FL 32003
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3686489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOTT, ARNOLD H
334 E. DUVAL ST.
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEY, KEVIN 1644 MISTY LAKE DR. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEY, EYDIE J 1644 MISTY LAKE DR. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80106-018 150.00

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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: Kevin Kenney KEVIN KENNEY 4/14/06 904-215-9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #