

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000110360

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**



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3686489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, types 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, 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 **D**
NAME **KENNEY, KEVIN**
STREET ADDRESS **1644 MISTY LAKE DR.**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

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

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U000000520767
05/02/06-80106-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06
Date

904-215-9995
Daytime Phone #