

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90370 023 ***158.75

DOCUMENT # P01000014634

1. Entity Name
KMA CAPITAL PARTNERS, INC.



Principal Place of Business
7658 MUNICIPAL DR.
ORLANDO, FL 32819

Mailing Address
7658 MUNICIPAL DR.
ORLANDO, FL 32819

40074236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3750120

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALAWAY, DOUGLAS
7658 MUNICIPAL DR.
ORLANDO, FL 32819

Name *Donald M. Stein*

Street Address (P.O. Box Number is Not Acceptable)

7658 Municipal Dr

City

Orl. FL

FL

Zip Code

32819

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SIMPKINS, CARL
STREET ADDRESS 3359 HORSESHOE BEND CT
CITY-STATE-ZIP LONGWOOD, FL 32779

TITLE *Ellen Salisbury* ☐ Change ☒ Addition
NAME *Director*
STREET ADDRESS *7658 Municipal Dr*
CITY-STATE-ZIP *Orl. FL 32819*

TITLE PD ☐ Delete
NAME CALAWAY, DOUGLAS
STREET ADDRESS 5815 GUENEVERE COURT
CITY-STATE-ZIP SAINT CLOUD, FL 34772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME WINDISCH, ROBERT
STREET ADDRESS 2804 BURTON PLACE
CITY-STATE-ZIP MELBOURNE, FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME FESLER, MICHAEL
STREET ADDRESS 86 HIGHLAND DR.
CITY-STATE-ZIP INDIALANTIC, FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME COLLIER, DALE
STREET ADDRESS PO BOX 533321
CITY-STATE-ZIP ORLANDO, FL 32853

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

Daytime Phone #

4073704300