

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000016154

1. Entity Name
KSM SUNFLOWER, INC



FILED

06 MAR 28 PM 4:02

FLORIDA STATE
TALLAHASSEE, FLORIDA



03212006 Chg-P CR2E034 (11/05)

Principal Place of Business
122 PERNELL JOHNSON DR.
SEFFNER, FL 33584

Mailing Address
122 PERNELL JOHNSON DR.
SEFFNER, FL 33584

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3689855

Applied For
Not Applicable

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

MEYERS, KAREN S
122 PERNELL JOHNSON DR.
SEFFNER, FL 33584

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

[Signature]
(NOTE: Registered Agent signature required when reinstating)

3-20-06
DATE

Amended AR is \$61.25

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 P
NAME MEYERS, KAREN S
STREET ADDRESS 122 PERNELL JOHNSON DRIVE
CITY-ST-ZIP SEFFNER, FL 33584 ☐ Delete

TITLE VP
NAME MEYERS, ADAM
STREET ADDRESS 122 PERNELL JOHNSON DRIVE
CITY-ST-ZIP SEFFNER, FL 33584 ☐ Change ☒ Addition

TITLE VP
NAME MEYERS, RICHARD K
STREET ADDRESS 122 PERNELL JOHNSON DR.
CITY-ST-ZIP SEFFNER, FL 33584 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Richard Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06
Date

813-653-9750
Daytime Phone #