2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000043778

1. Entity Name

KMK HOLDING COMPANY



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 MAR 21 AM 10: 35

Principal Place of Business

650 CARTER ROAD

P.O. BOX 5816 WINTER GARDEN, FL 34787 Mailing Address

650 CARTER ROAD P.O. BOX 5816

WINTER GARDEN, FL 34787



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3737040

03092005

CR2E034 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

407-

6. Name and Address of Current Registered Agent

KELLY, KENNETH M 650 CARTER ROAD WINTER GARDEN, FL 34787

SIGNATURE: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

DO NOT WRITE IN THIS SPACE

No Chg-P

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, typed 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. S Added to Fees			
10.	OFFICERS AND DIREC	CTORS		 	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, SR, KENNETH M 650 CARTER ROAD WINTER GARDEN, FL 34787			5 03/2	00049194735 5/0501052008 **600,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET_ADDRESS CITY-ST-ZIP					
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.					

IG OFFICER OR DIRECTOR