



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000043778 1. Entity Name KMK HOLDING COMPANY	
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SEC. OF STATE
 DIVISION OF CORPORATIONS
06 FEB 14 AM 11:16

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
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DO NOT WRITE IN THIS SPACE


01242006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3737040
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, KENNETH M 650 CARTER ROAD WINTER GARDEN, FL 34787	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, SR, KENNETH M 650 CARTER ROAD WINTER GARDEN, FL 34787
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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: *Kenneth M. Kelly* 1/30/06 407-654-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #