

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000043778

1. Entity Name
KMK HOLDING COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -9 AM 9:58

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



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3737040

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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**

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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KELLY, SR, KENNETH M
650 CARTER ROAD
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/14/08--01015--018 **1450.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/08

407-654-0500

5/1/08