2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # P02000015796 1. Entity Name KDM DEVELOPERS, INC.						90086 001 ***1	50.00	
Principal Place of Business 9249 PASEO DE VALENCIA ST. FT. MYERS, FL 33908		Mailing Address 9249 PASEO DE VALENCIA ST. FT. MYERS, FL 33908		40076	305U			
1213	ace of Business - No P.O. Box# Sw 51sttertace							
Suite, Apt. #, etc. Suite, Apt. #, etc			me	02042007	Chg-P	CR2E034 (12/	· · · · · · · · · · · · · · · · · · ·	
City & State	LDE Coral, FL	City & State		4. FEI Number	=-		Applied For Not Applicable	
Zip 3-3 91-4 Country Zip Country 6. Name and Address of Current Registered Agent			Country	5. Centificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
JARRETT, KEVIN 9249 PASEO DE VALENCIA ST. FT. MYERS, FL 33908				Street Address (P.O. Box Number is Not Acceptable)				
			/2/3	SW 5		rract FL Zig	Code	
	named entity submits this statement for one of registered agent. Signature, yped or printed name of registered agent.	K		ered agent, or bo	th, in the State of F		,	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		5.00 May Be idded to Fees	,			
10.	OFFICERS AND PSTD		11.	ADDITIONS	CHANGES TO OF	FFICERS AND DIREC		
TIFLE NAME STREET ADDRESS CITY-SI-ZIP	JARRETT, KEVIN 11228 BOARDWALK PLACE FT. MYERS, FL 33908	☐ Deleta	NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Cha	ange Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Chi	ange 🗌 Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp, or on an attachment with a raddress,	s true and accurate and that my	/ signature shall have th	ne same legal effe	ct as it made unde	er oath: that I am an d	officer or director	

4-16-07