

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90223 043 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P02000061994			
1. Entity Name K.S. & J.M. INCORPORATED			
Principal Place of Business 500 SOUTH PALAFOX STREET PENSACOLA, FL 32502		Mailing Address 500 SOUTH PALAFOX STREET PENSACOLA, FL 32502	
2. Principal Place of Business <i>Business destroyed by storm + van</i> Suite, Apt. #, etc.		3. Mailing Address <i>3499 Southwind Dr</i> Suite, Apt. #, etc.	
City & State Gulf Breeze FL		4. FEI Number 02-0622024	
Zip 32563	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCWHORTER, MICHAEL JOHN 13351 JOHNSON BEACH RD. PENSACOLA, FL 32507		7. Name and Address of New Registered Agent Name <i>Christopher Kevin McCloskey</i> Street Address (P.O. Box Number is Not Acceptable) <i>3499 Southwind Drive</i> <i>Gulf Breeze</i> City FL Zip Code 32563	
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 <i>[Signature]</i> DATE 6-21-05 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MC WHORTER, MICHAEL J 13351 JOHNSON BEACH ROAD PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres Christopher Kevin McCloskey 3499 Southwind Drive Gulf Breeze, FL 32563</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORWOOD, WILL L 5287 BALFOUR ROAD PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MC MILLEN, MARK J 10917 BRIDGECREEK DRIVE PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>[Signature]</i>		Date: 6-21-05	
<small>SIGNATURE AND FULL PRINTED NAME OF EACH OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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