


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 08:00 AM
Secretary of State


DOCUMENT # P02000087806

1. Entity Name
KBM INTERNATIONAL, INC.



Principal Place of Business 11161 BARBIZON CIRCLE E. SUITE 2 JACKSONVILLE, FL 32257	Mailing Address 11161 BARBIZON CIRCLE E. SUITE 2 JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE



08162004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1842594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAGNANT, KEITH B
 11161 BARBIZON CIRCLE E.
 JACKSONVILLE, FL 32257**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


UD0000170340
 00-18-04-00002-011-550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MAGNANT, KEITH B 11161 BARBIZON CIRCLE E. JACKSONVILLE, FL 32257
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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:  **8-16-2004** **904-880-9149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #