2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000111760

1. Entity Name
K.M. LANDSCAPING, INC.

Principal Place of Business	Mailing Address
1009 WINDBROOK DRIVE DELTONA, FL 32725	P.O. BOX 521916 LONGWOOD, FL 32725

DO NOT WRITE IN THIS SPACE

01062008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
57-1135113	Not Applicable

5. Certificate of Status Desired   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORES, KYLIE W
1009 WINDBROOK DRIVE
DELTONA, FL 32725

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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
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   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

U00000777892
01/10/08-80026-015 158.75

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	MOORES, KYLIE W
STREET ADDRESS	1009 WINDBROOK DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	SD
NAME	MOORES, JANE L
STREET ADDRESS	1009 WINDBROOK DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 1-6-08   407-262-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #