

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90032 038 \*\*\*550.00

**DOCUMENT # P03000040563**

1. Entity Name  
K & M INVESTMENTS OF SOUTH FLORIDA, INC.



Principal Place of Business  
11139 WINDING PEARL WAY  
WELLINGTON, FL 33414

Mailing Address  
11139 WINDING PEARL WAY  
WELLINGTON, FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102004

Chg-P

CR2E034 (10/03)

4. FEI Number

75-3115044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WACKES, KEITH B  
11139 WINDING PEARL WAY  
WELLINGTON, FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Keith B. Wackes*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/04

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | D                       | <input type="checkbox"/> Delete |
| NAME            | WACKES, KEITH B         |                                 |
| STREET ADDRESS  | 11139 WINDING PEARL WAY |                                 |
| CITY - ST - ZIP | WELLINGTON, FL 33414    |                                 |
| TITLE           | D                       | <input type="checkbox"/> Delete |
| NAME            | WACKES, MONICA M        |                                 |
| STREET ADDRESS  | 11139 WINDING PEARL WAY |                                 |
| CITY - ST - ZIP | WELLINGTON, FL 33414    |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |

|                 |  |                                                                   |
|-----------------|--|-------------------------------------------------------------------|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |

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:

*Keith B. Wackes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/04

Attachment

54061943  
# P03000040563

July 10, 2004

Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

We started the corporation  
K+M Investments of South  
Florida, Inc. but the franchise  
will not be opened until  
November 2004.

The completion of this form was  
an oversight. Please accept this  
check so our corporation will  
not be dissolved.

Sincerely,

Monica Wacker