

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90431 031 ***150.00

DOCUMENT # P03000062026

1. Entity Name

K & M LANDSCAPE & EQUIPMENT REPAIR, INC.



Principal Place of Business

Mailing Address

5834 S. MACDILL AVE.
TAMPA FL 33611

5834 S. MACDILL AVE.
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

5834 S Macdill Ave 5834 S Macdill Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33611

Hillsborough

33611

Hillsborough

4. FEI Number

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

MILLER, KEVIN W
5834 S. MACDILL AVE.
TAMPA FL 33611

Name

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

4436 Iowa Ave

City

Tampa

FL

Zip Code

33616

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

Kevin Miller

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 ☒ Delete
NAME MILLER, KEVIN W
STREET ADDRESS 5834 S MACDILL AVE
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Change ☒ Addition
NAME owner
NAME Tonya D Hunt
STREET ADDRESS 4436 Iowa Ave
CITY-ST-ZIP Tampa FL 33616

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Kevin Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

83416-5147

Daytime Phone #