

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000130100

1. Entity Name
KCMM ENTERPRISES, INC.



Principal Place of Business
RIVERSPORT CUSTOM ADVENTURES & KAYAKS
5296 S. CHEROKEE WAY
HOMOSASSA, FL 34448 US

Mailing Address
4107 N. LITLEDORVE TERRACE
HERNANDO, FL 34442 US

DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0393034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEARDORFF, KIRK A
4107 N. LITLEDORVE TERRACE
HERNANDO, FL 34442

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000264567

03/16/05 00022 001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DEARDORFF, CINDY L
4107 N. LITLEDORVE TERRACE
HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
DEARDORFF, KIRK A
4107 N. LITLEDORVE TERRACE
HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
DEARDORFF, CINDY L
4107 N. LITLEDORVE TERRACE
HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kirk A. Deardorff, **KIRK A DEARDORFF**

3/15/05

352/621-4972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #