

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4,06-16-2006 90101 027 ***150.00


AND P04000092640

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

hsc

DOCUMENT # P04000092640 1. Entity Name K & M WOODWORKS INC.																													
Principal Place of Business 1902 TYNDALL DRIVE PANAMA CITY, FL 32401			Mailing Address 1902 TYNDALL DRIVE PANAMA CITY, FL 32401																										
2. Principal Place of Business <i>1902 Tyndall Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>1902 Tyndall Dr</i> Suite, Apt. #, etc.																											
City & State <i>Panama City FL</i> Zip <i>32401</i>		City & State <i>Panama City FL</i> Zip <i>32401</i>		4. FEI Number 01-0816595																									
Country <i>Bay</i>		Country <i>Bay</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LANGFORD, MARGIE K 1902 TYNDALL DRIVE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and fee # applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LANGFORD, MARGIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1902 TYNDALL DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PANAMA CITY, FL 32401</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	LANGFORD, MARGIE		STREET ADDRESS	1902 TYNDALL DR		CITY - ST - ZIP	PANAMA CITY, FL 32401		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 807, 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: <i>[Signature]</i> 6-14-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													