


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000092640
 1. Entity Name
 K & M WOODWORKS INC.



Principal Place of Business Mailing Address
 1902 TYNDALL DRIVE 1902 TYNDALL DRIVE
 PANAMA CITY, FL 32401 US PANAMA CITY, FL 32401 US

DO NOT WRITE IN THIS SPACE



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0816595	Applied For Not Applicable
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

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

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

000000947722
 06/02/08-80027-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANGFORD, MARGIE
STREET ADDRESS	1902 TYNDALL DR
CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	V
NAME	LANGFORD, KEVIN M
STREET ADDRESS	1902 TYNDALL DR
CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 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: *Margie K Langford* Pres. 4-30-08 850 625 3932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #