

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90425 020 \*\*\*150.00

**DOCUMENT # P04000096909**

1. Entity Name  
**KMK PUBLISHING, INC.**



Principal Place of Business  
**13318 HIGHLAND CHASE PLACE  
FORT MYERS, FL 33919**

Mailing Address  
**13318 HIGHLAND CHASE PLACE  
FORT MYERS, FL 33919**

**40089865**



2. Principal Place of Business - No P.O. Box #  
**10051 McGregor Blvd.**

3. Mailing Address  
**10051 McGregor Blvd.**

04142007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.  
**Suite 201**

Suite, Apt. #, etc.  
**Suite 201**

City & State  
**Fort Myers FL**

City & State  
**Fort Myers FL**

4. FEI Number  
**20-1337049**

Applied For  
☐ Not Applicable

Zip  
**33919**

Country

Zip  
**33919**

Country

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

**6. Name and Address of Current Registered Agent**

**SCHUMANN, RAYMOND L** **3451 Bonita Bay Blvd.**  
**27200 RIVERVIEW CENTER BLVD. SUITE 103**  
**BONITA SPRINGS, FL 34134** **Suite 200**

**7. Name and Address of New Registered Agent**

Name **Raymond L. Schumann**  
Street Address (P.O. Box Number is Not Acceptable)

**3451 Bonita Bay Blvd, Ste 200**

City **Bonita Springs** **FL** Zip Code **34134**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **KUSER, KATHY**  
STREET ADDRESS **13318 HIGHLAND CHASE PLACE**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **VP** ☐ Delete  
NAME **KUSER, JAMIE**  
STREET ADDRESS **13318 HIGHLAND CHASE PLACE**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PRES** ☒ Change ☐ Addition  
NAME **Kuser, Kathy**  
STREET ADDRESS **13031 Silver Bay Ct.**  
CITY-ST-ZIP **Fort Myers, FL 33913**

TITLE **VPRES** ☒ Change ☐ Addition  
NAME **Kuser, Jamie**  
STREET ADDRESS **13031 Silver Bay Ct.**  
CITY-ST-ZIP **Fort Myers FL 33913**

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

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

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

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 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: **Jamie K Kuser** **JAMIE K. KUSER**

**4-14-07** **239-278-5236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #