

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90035 025 \*\*\*150.00

40004376



01062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000119826</b> 1. Entity Name <b>KMD DEVELOPMENT &amp; ENTERPRISES, INC.</b>					
Principal Place of Business <b>1239 TULIPWOOD DR SEFFNER, FL 33584</b>			Mailing Address <b>1239 TULIPWOOD DR SEFFNER, FL 33584</b>		
2. Principal Place of Business <b>13635 21st St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>13635 21st St.</b> Suite, Apt. #, etc.			
City & State <b>Dade City, FL</b> Zip <b>33525</b> Country <b>USA</b>		City & State <b>Dade City, FL</b> Zip <b>33525</b> Country <b>USA</b>		4. FEI Number <b>27-0100239</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAMPTON, DAVID L 1239 TULIPWOOD DR SEFFNER, FL 33584</b>			7. Name and Address of New Registered Agent Name <b>David L. Hampton</b> Street Address (P.O. Box Number is Not Acceptable) <b>13635 21st St.</b> City <b>Dade City</b> <b>FL</b> Zip Code <b>33525</b>		
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 <b>DAVID L. HAMPTON</b> <b>1-20-2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PT</b> NAME <b>HAMPTON, DAVID L</b> STREET ADDRESS <b>1239 TULIPWOOD DR</b> CITY-ST-ZIP <b>SEFFNER, FL 33584</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>PT</b> NAME <b>David L. Hampton</b> STREET ADDRESS <b>13635 21st St.</b> CITY-ST-ZIP <b>Dade City, FL 33525</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VS</b> NAME <b>ANKERS, KENNETH C</b> STREET ADDRESS <b>1239 TULIPWOOD DR</b> CITY-ST-ZIP <b>SEFFNER, FL 33584</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VS</b> NAME <b>Kenneth C. Ankers</b> STREET ADDRESS <b>13635 21st St.</b> CITY-ST-ZIP <b>Dade City, FL 33525</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>DAVID L. HAMPTON</b> <b>1-20-05 (85) 714-4339</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					