

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000123196

1. Entity Name

KMTE ENTERPRISES, INC.



**FILED
Feb 27, 2006 08:00 AM
Secretary of State**



Principal Place of Business 7880 TWIN EAGLE LANE FT. MYERS FL 33912		Mailing Address 7880 TWIN EAGLE LANE FT. MYERS FL 33912	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NIXON, JILL 7880 TWIN EAGLE LANE FT. MYERS FL 33912		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transitioning)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May 1
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N NIXON, JILL 7880 TWIN EAGLE LANE FT. MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U000000449803 03/09/06-B0069-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIXON, RICHARD W 7880 TWIN EAGLE LANE FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jill Nixon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/06 239-561-83

Daytime Phone #