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Feb 22, 2007 8:00 am
Secretary of State
01-08-2007 90244 041 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/8

DOCUMENT # P04000146680

1. Entity Name
KMK SERVICES, INC.

Principal Place of Business	Mailing Address
80 SO. MCCALL RD. ENGLEWOOD, FL 34223	80 SOUTH MCCALL RD. ENGLEWOOD, FL 34223

01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		PO Box 505	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Englewood, FL	
Zip	Country	Zip 34295	Country USA

4. FEI Number 20-1937410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KESSLER, KATHLEEN
~~5425 KENNEL STREET~~
~~PORT CHARLOTTE, FL 33981~~
OK, NO CHANGE

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] 1-3-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

+ 8.75
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, KATHLEEN ~~5425 KENNEL ST.~~ ~~PORT CHARLOTTE, FL 33981~~ OK NO CHANGE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1-3-07 941-460-1822 941-234-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] 2/19/07