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Secretary of State
05-03-2006 90243 024 ***158.95

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000015515

1. Entity Name
K & M MAINTENANCE & JANITORIAL, INC.

20044127

Principal Place of Business	Mailing Address
1109 NORTH PARSONS AVENUE SUITE 1 BRANDON, FL 33510	1109 NORTH PARSONS AVENUE SUITE 1 BRANDON, FL 33510

02172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
10101 Midway St. Ste5	10101 Midwayst. Ste 5
Suite, Apt #, etc. #5	Suite, Apt #, etc. #5
City & State Gibsonton, FL	City & State Gibsonton, FL
Zip 33534 Country Hillsborough	Zip 33534 Country Hillsborough

4. FEI Number 47-0961333 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KIBBE, STACY M
12704 SHADOWCREST COURT
RIVERVIEW, FL 33569

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	PDVP KIBBE, STACY M 12704 SHADO S AVENUE SUITE 1 BRANDON, FL 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVP Kibbe, Stacy M 10101 Midwayst Ste5 Gibsonton, FL 33534 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIBBE, STACY M 12704 SHADO S AVENUE SUITE 1 BRANDON, FL 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kibbe, Stacy M 10101 Midwayst Ste5 Gibsonton, FL 33534 ☑ 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: Stacy Kibbe 4-30-06 (813) 758-1831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #