

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000015515

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



Principal Place of Business

10101 MIDWAY ST STE 5
5
GIBSONTON, FL 33534

Mailing Address

10101 MIDWAY ST STE 5
5
GIBSONTON, FL 33534

FILED
Jun 18, 2008 08:00 AM
Secretary of State



06032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

Stacy Kibbe

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

(NOTE: Registered Agent signature required when reinstating)

June 16, 2008

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PDVP
NAME	KIBBE, STACY M
STREET ADDRESS	10101 MIDWAY ST STE 5
CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	SD
NAME	KIBBE, STACY M
STREET ADDRESS	10101 MIDWAYS ST STE 5
CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000953188
06/18/08-80001-001 150.00

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 13, 2008 8813 958-1831
Date Daytime Phone #