2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000026987

1. Entity Name
K M PRECAST AND SEPTIC SERVICE, INC.

Principal Place of Business	Mailing Address
7701 GARDNER DRIVE #101 NAPLES, FL 34109	7701 GARDNER DRIVE #101 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

03242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
04-3807180	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

MONTGOMERY, KELLY R
7701 GARDNER DRIVE #101
NAPLES, FL 34109

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 _____

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

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10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONTGOMERY, KELLY R
STREET ADDRESS	7701 GARDNER DRIVE #101
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VPD
NAME	MONTGOMERY, BRENDA G
STREET ADDRESS	7701 GARDNER DRIVE #101
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	GRAY, WILLIAM
STREET ADDRESS	18551 NALLE RD
CITY-ST-ZIP	N FT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80089-010 150.00

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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: X _Kelly Montgomery_   KELLY R MONTGOMERY   438-2146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

4-11-08