

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4 **FILED**
Apr 26, 2006 8:00 am
Secretary of State

04-10-2006 90293 047 ***150.00

DOCUMENT # P05000061800					
1. Entity Name KME SUBS, INC.					
Principal Place of Business 7039 SOUTHWIND DR HUDSON, FL 34667			Mailing Address 5143 COMMERCIAL WAY SPRING HILL, FL 34606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-2803718					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 27 E ORANGE ST TARPON SPRINGS, FL 34689					
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 _____ (NOTE: Registered Agent signature required when reappointing)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE D	<input type="checkbox"/> Delete				
NAME MOORE, BRUCE R					
STREET ADDRESS 7039 SOUTHWIND DR					
CITY- ST- ZIP HUDSON, FL 34667					
TITLE D	<input type="checkbox"/> Delete				
NAME KOHLMASE, NANCY C					
STREET ADDRESS 7039 SOUTHWIND DR					
CITY- ST- ZIP HUDSON, FL 34667					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY- ST- ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY- ST- ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY- ST- ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY- ST- ZIP 					
TITLE VP/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY- ST- ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY- ST- ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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 <i>Nancy C Kohlase</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>6 apr 06</i> Daytime Phone # <i>(727) 697-1371</i>					

66011989



01162006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, BRUCE R		NAME		
STREET ADDRESS	7039 SOUTHWIND DR		STREET ADDRESS		
CITY- ST- ZIP	HUDSON, FL 34667		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHLHASE, NANCY C		NAME		
STREET ADDRESS	7039 SOUTHWIND DR		STREET ADDRESS		
CITY- ST- ZIP	HUDSON, FL 34667		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY- ST- ZIP			CITY- ST- ZIP		

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SIGNATURE *Nancy C Kohlase*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *6 apr 06* Daytime Phone # *(727) 697-1371*