

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000130363 1. Entity Name KMS CONSTRUCTION COMPANY	
---	---

Principal Place of Business 80 ROYAL PALM POINTE SUITE 203 VERO BEACH, FL 32960	Mailing Address 80 ROYAL PALM POINTE SUITE 203 VERO BEACH, FL 32960
---	---



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3532251	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent SMITH, JOHN D 80 ROYAL PALM POINTE SUITE 203 VERO BEACH, FL 32960

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

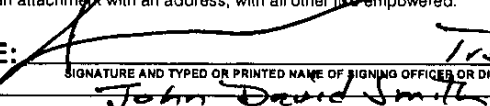
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BRIAN W 474 WATERS DRIVE FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JOHN D 80 ROYAL PALM POINTE, STE 203 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000611497
02/02/07-80065-011 150.00

**DO NOT WRITE
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:  **Trsy** **1/26/07** **772-778-4666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
John David Smith