## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jan 31, 2008 08:00 A Secretary of State DOCUMENT # P06000024112 1. Entity Name K.M.K. HOMES, INC. Principal Place of Business Mailing Address 34 MANDRAKE ST 34 MANDRAKE ST MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEi Number Applied For 20-4339721 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RENAUD, MAX C Street Address (P.O. Box Number is Not Acceptable) 34 MANDRAKE ST MIDDLEBURG FL 32068 City Zio 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 Hanist of registered riger Land title if applicable. DATE (NOTE: Registered Agont a griature required when reindrating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Derete ☐ Change TIT: F Π¶£ Addition RENAUD, MAX C NAME NAME STREET ADDRESS 34 MANDRAKE ST STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP TIT: F ☐ Change Derete TITLE Addition CHRISTOS, KATHLEEN NAME NAME STREET ADDRESS 11 IRIS COURT STREET ADDRESS CITY-ST-2P MIDDLEBURG FL 32068 CITY - ST- 7th TITLE Derete TITLE NAME SCOTTI, KIMBERLY NAME STREET ADDRESS STREET ADDRESS 1428 VENEZIA AVE CITY-ST-ZIE CITY-ST-7(P VINELAND NJ 08361 THLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Derele TITLE ☐ Change Addition NAM\* MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De-ete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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.