

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90007 040 ***150.00

DOCUMENT # P06000061877

1. Entity Name
KMB PROPERTY MANAGEMENT, INC.



Principal Place of Business
**33 FOREST HILL DRIVE
PALM COAST, FL 32137**

Mailing Address
**33 FOREST HILL DRIVE
PALM COAST, FL 32137**

2. Principal Place of Business - No P.O. Box #
10 Florida Park Dr. N

3. Mailing Address
10 Florida Park Dr. N

Suite, Apt. #, etc.
Suite D-4

Suite, Apt. #, etc.
Suite D-4

07052007

Chg-P

CR2E034 (12/06)

City & State
Palm Coast Florida

City & State
Palm Coast Florida

4. FEI Number
03-0592012

Applied For
Not Applicable

Zip
32137

Country
FLAger

Zip
32137

Country
FLAger

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

6. Name and Address of Current Registered Agent

**CHIUMENTO & ASSOCIATES, P.A.
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST, FL 32137**

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

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
Due by September 14, 2007**

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 **D** ☐ Delete
NAME **HAIGHT, DONALD L**
STREET ADDRESS **33 FOREST HILL DRIVE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **D** ☐ Delete
NAME **BOURKE-HAIGHT, KATHLEEN M**
STREET ADDRESS **33 FOREST HILL DRIVE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **Picciarelli, Jennifer M**
STREET ADDRESS **88B Farmsworth Drive**
CITY-ST-ZIP **Palm Coast FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Kathleen M Bourke **Kathleen M Bourke**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/07 (386) 449-9787
Date Daytime Phone #