

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90028 040 ***150.00

DOCUMENT # P06000122563	
1. Entity Name KVM ENTERPRISES, INC.	

Principal Place of Business 16204 IVY LAKES DR ODESSA, FL 33556	Mailing Address C/O TEMPLE H. DRUMMOND, ESQ. 328 W BEARSS AVE TAMPA, FL 33613
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address c/o Temple H. Drummond, Esq. 6987 East Fowler Avenue Tampa, Florida 33617 USA
State, Apt. #, etc.	City & State
Zip	Country



01232008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5604842	Applied For ☐ Not Applicable
5. Certificate or Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUMMOND, TEMPLE H 328 W BEARSS AVE TAMPA, FL 33613	
7. Name and Address of New Registered Agent Name: Temple H. Drummond, Esq. Street Address (P.O. Box Number is Not Acceptable): Drummond Wehle & Ross LLP 6987 East Fowler Avenue City: Tampa FL Zip Code: 33617	

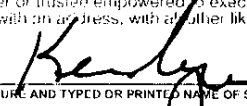
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Temple H. Drummond Temple H. Drummond, Esq. 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, KENNETH M 16204 IVY LAKES DR ODESSA, FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR