


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90231 031 ***150.00

| | |
|---|---|
| DOCUMENT # P07000118167 |  |
| 1. Entity Name KMP ASSOCIATES, INC. | |

| | |
|--|--|
| Principal Place of Business 13082 HAZELCREST STREET SPRING HILL, FL 34609 US | Mailing Address 13082 HAZELCREST STREET SPRING HILL, FL 34609 US |
|--|--|

40096144



| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 16528 N. Dale Mabry Hwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04172008 Chg-P CR2E034 (12/06)

| | |
|--------------|---------------------------------------|
| City & State | City & State Tampa, Florida |
| Zip | Zip 33618 |
| Country | Country US |

| | |
|------------------------------------|--|
| 4. FEI Number 26-1326424 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| SANDERS, WALTER S 16528 N. DALE MABRY HWY TAMPA, FL 33618 | 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 Walter Sanders Signature, typed or printed name of registered agent and title if applicable. | SIGNATURE Walter Sanders (NOTE: Registered Agent signature required when reinstating) DATE 4/30/08 |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---------------------------------|------|----------------------------|--|----------------|--------------------------------|--|-------------|------------------------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PASSAFIUME, ANTHONY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13082 HAZELCREST STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRING HILL, FL 34609</td> <td></td> </tr> </table> | TITLE | P | <input type="checkbox"/> Delete | NAME | PASSAFIUME, ANTHONY | | STREET ADDRESS | 13082 HAZELCREST STREET | | CITY-ST-ZIP | SPRING HILL, FL 34609 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | PASSAFIUME, ANTHONY | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 13082 HAZELCREST STREET | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | SPRING HILL, FL 34609 | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| 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: Anthony Passafiume SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE: 4/30/08 Daytime Phone #: 352-686-6898 |