

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053791

FILED  
May 15, 2009  
Secretary of State

Entity Name: KPM, INC.

**Current Principal Place of Business:**

7569 DEER COVE LANE  
JACKSONVILLE, FL 32256 FL

**New Principal Place of Business:**

**Current Mailing Address:**

7569 DEER COVE LANE  
JACKSONVILLE, FL 32256 FL

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART, KATHLEEN J  
7569 DEER COVE LANE  
JACKSONVILLE, FL, FL 32256 US

**Name and Address of New Registered Agent:**

STEWART, KATHLEEN J  
7569 DEER COVE LANE  
JACKSONVILLE,, FL 32256 US

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.

SIGNATURE: \_\_\_\_\_ 05/15/2009  
Electronic Signature of Registered Agent                      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GLASS, HAROLD J  
Address: 7569 DEER COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP ( ) Delete  
Name: KATHLEEN, STEWART J  
Address: 7569 DEER COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD GLASS                      P                      05/15/2009  
Electronic Signature of Signing Officer or Director                      Date