

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102919

Entity Name: K & M LAKE PLACID, INC.

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

342 EAST ROYAL PALM STREET  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

133 TOWER STREET  
LAKE PLACID, FL 33852

**Current Mailing Address:**

340 EAST SUGARLAND HIGHWAY  
SUITE A  
CLEWISTON, FL 33440

**New Mailing Address:**

P.O. BOX 2939  
LABELLE, FL 33975

FEI Number: 26-3776465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAHAN, BRIAN A ESQ.  
1800 NW CORPORATE BOULEVARD  
SUITE 200  
BOCA RATON, FL 33431 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MUNSON, JOHN  
Address: 342 EAST ROYAL PALM STREET  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: KAKI, HAITHAM  
Address: 342 EAST ROYAL PALM STREET  
City-St-Zip: LAKE PLACID, FL 33852

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

Title: D (X) Change ( ) Addition  
Name: MUNSON, JOHN  
Address: 133 TOWER STREET  
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change ( ) Addition  
Name: KAKI, HAITHAM  
Address: 133 TOWER STREET  
City-St-Zip: LAKE PLACID, FL 33852

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: JOHN MUNSON

DIRE

04/21/2009

Electronic Signature of Signing Officer or Director

Date