
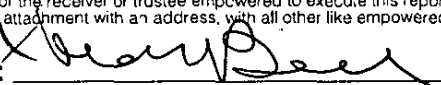
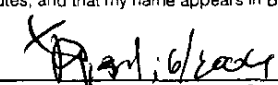


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90057 036 ***150.00

DOCUMENT # P38221 1. Entity Name KMB ASSOCIATES, INC.					
Principal Place of Business 3882 BELLE VISTA DR E ST PETERSBURG, FL 33700 US			Mailing Address 3882 BELLE VISTA DR E ST PETERSBURG, FL 33700 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02232004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 51-0213322	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEILIS, MICHEL 3882 BELLE VISTA DR E ST PETESBURG, FL 33700				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
TITLE	CPT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEILIS, MICHEL		NAME		
STREET ADDRESS	3882 BELLE VISTA DRIVE SOUTH		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG BEACH, FL		CITY- ST- ZIP		
TITLE	DS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUSSMANN, LESLIE B		NAME		
STREET ADDRESS	50 GREEN LANE		STREET ADDRESS		
CITY- ST- ZIP	SHERBORN, MA		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date:  Daytime Phone #					