

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90187 015 ***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**

50048485



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
51-0213322

Applied For
Not Applicable

Zip
33706

Country

Zip
33706

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEILIS, MICHEL
3882 BELLE VISTA DR E
ST PETERSBURG, FL 33700**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPT
BEILIS, MICHEL
3882 BELLE VISTA DRIVE SOUTH
ST. PETERSBURG BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
KUSSMANN, LESLIE B
50 GREEN LANE
SHERBORN, MA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 #

Michel Beilis **MICHEL BEILIS** *Apr 25 2005* **727-367-2444**