

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000025590

1. Entity Name
K & M AUTOMOTIVE REPAIR, INC.



Principal Place of Business

**14401 N NEBRASKA AVE
STE 5
TAMPA, FL 33613 US**

Mailing Address

**14401 N NEBRASKA AVE
STE 5
TAMPA, FL 33613 US**



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3179818

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LITTLE, JEROLD A
510 NANTUCKET DR.
TEMPLE TERRACE, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE **P**
NAME **DEVANEY, KAJ S**
STREET ADDRESS **25328 SEVEN RIVERS CIRCLE**
CITY-ST-ZIP **LAND O'LAKES, FL 34639**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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02/28/05-0018-018 125.00

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

**Kaj S. Devaney,
President**

2/25/2005

Date

813 971-7331

Daytime Phone #