## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049021

Entity Name: K & M OF THE TREASURE COAST, INC.

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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17300 GLADES CUT-OFF ROAD PORT SAINT LUCIE, FL 34987

Current Mailing Address: New Mailing Address:

17300 GLADES CUT-OFF ROAD P.O. BPX 2339

PORT SAINT LUCIE, FL 34987 OKEECHOBEE, FL 34973

FEI Number: 65-0426305 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KOBLEGARD, R N III

2319 S. INDIAN RIVER DRIVE
FT PIERCE, FL 34950 US

KOBLEGARD, R W III

10604 PINE CONE LN.

FT PIERCE, FL 34945 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: R. W. KOBLEGARD III 01/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KOBLEGARD III, RUHL W.
 Name:

 Address:
 17300 GLADES CUTOFF ROAD
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: R. W KOBLEGARD III PR 01/18/2005