

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000053912**

1. Entity Name  
KD & CM, INC.



Principal Place of Business

1101 S ORANGE BLOSSOM TR  
APOPKA, FL 32703 US

Mailing Address

1101 S ORANGE BLOSSOM TR  
APOPKA, FL 32703 US



03282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3327322

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAINWATER, CARL B  
1101 S ORANGE BLOSSOM TRL  
APOPKA, FL 32703

**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	D
NAME	STEPHENS, KELLY D
STREET ADDRESS	1250 LEXINGTON PKWY
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	D
NAME	STEPHENS, CAROLYN M
STREET ADDRESS	1250 LEXINGTON PKWY
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	D
NAME	RAINWATER, CARL B
STREET ADDRESS	209 PALMETTO CONCOURSE
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000031216  
03/30/05-00053-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 #