

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 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



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3327322

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000807502
02/07/08-80011-003 158.75

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Carl B Rainwater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2008 407-880-2211

Date

Daytime Phone #