


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000059811		
1. Entity Name KOTM ENTERPRISES, INC.		

FILED
06 JUL 17 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10049 CROSSWIND RD BOCA RATON, FL 33498 US	Mailing Address 10049 CROSSWIND RD BOCA RATON, FL 33498 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06282006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0770925		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHINNI, DONALD A 10049 CROSSWIND RD BOCA RATON, FL 33498		7. Name and Address of New Registered Agent 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 \$550.00
Due by September 6, 2006**

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	DPC CHINNI, DONALD A 10049 CROSSWIND ROAD BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300077821363 07/21/06--01009--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ALBRECHT, SANDRA L 10049 CROSSWIND ROAD BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DONALD A. CHINNI 7/6/06 561 302 0771

Donald A. Chinni / KOTM Enterprises, Inc. / P.O. Box 970065 / Boca Raton, Fl. 33497
Phone : 561 302-0771 / Fax : 561-483-4354 / e-mail : kotment@yahoo.com

Wednesday, July 05, 2006

Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: KOTM ENTERPRISES, INC. Document # P97000059811

Sean, I am enclosing a copy of the one and only Annual Report Notice I received in January 2006. On January 4 of this year I went to your site and entered the document number, which indicated I was renewing my report for "KOTM Enterprises, Inc". The document number shown is the same listed for this corporation. I followed the site instructions and when it asked for payment I provided my American Express card number.

Unfortunately, your program applied the \$60 payment to the wrong account. At no time did I ever receive any documentation or request for payment on my other company "Contractors Insure-All"; nor did I ever intend for the \$60 payment to be anything but payment for KOTM. I cannot help if that is the amount your system debited against my American Express Card account. I repeat, the only information provided to me was data pertaining to KOTM and that is what I thought I was paying for when I entered my Amex information.

Since I did not receive an Annual Report Notice or any other notice for Contractors Insure-All, I was not even aware that a fee was due.

I am now forwarding the annual fee of \$150 for KOTM. I do not feel I should be penalized for an error by your system. Please process this renewal. I will be sure to "diary" my system for next January in the event I do not receive any notification from your department for the renewals.

Thank You
Donald A. Chinni