

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037473

Entity Name: KMD & ASSOCIATES, INC.

FILED
May 13, 2008
Secretary of State

Current Principal Place of Business:

19115 HUCKAVALLE RD.
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

19115 HUCKAVALLE RD
ODESSA, FL 33556

New Mailing Address:

PO BOX 961
ODESSA, FL 33556

FEI Number: 65-0905497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEGOLYER, RICK A
19115 HUCKAVALLE RD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEGOLYER, RICK A
Address: 19115 HUCKAVALLE ROAD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: DEGOLYER, CARLEEN M
Address: 19115 HUCKAVALLE RD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICK A. DEGOLYER

D

05/13/2008

Electronic Signature of Signing Officer or Director

Date