2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000061369

1. Entity Name
KDM UNLIMITED, INC.

Principal Place of Business	Mailing Address
2802 S.W. 35TH LANE CAPE CORAL, FL 33914	2802 S.W. 35TH LANE CAPE CORAL, FL 33914

06292005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0935808	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**

NOON, DAWN M
2802 S.W. 35TH LANE
CAPE CORAL, FL 33914

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 $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOON, KERRY
STREET ADDRESS	2802 SW 35TH LN
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VP
NAME	DUPES, RONALD
STREET ADDRESS	1382 GAIL ST
CITY-ST-ZIP	FORT MYERS, FL 33903
TITLE	ST
NAME	NOON, DAWN
STREET ADDRESS	2802 SW 35TH LN
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/17/05--80001--003 550.00

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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: _____   8.15.05   549-6963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #