

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099417

Entity Name: KM CONSTRUCTORS, INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

521 WEKIVA COVE RD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

521 WEKIVA COVE RD
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3606926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LANCE D
2781 W STATE RD 434
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRUBENBACH, KAREN L P
Address: 2900 CANDELA CT.
City-St-Zip: APOPKA, FL 32703 US

Title: V () Delete
Name: MARQUEZ, MARCOS A V
Address: 1739 FRUITLAND PARK BLVD.
City-St-Zip: FRUITLAND PARK, FL 34731 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TRUBENBACH, KAREN L P
Address: 521 WEKIVA COVE RD.
City-St-Zip: LONGWOOD, FL 32779 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN L TRUBENBACH

P

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date