

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90061 038 \*\*\*550.00

**DOCUMENT # S51244**

1. Entity Name  
**K. M. PARTNERS, INC.**



Principal Place of Business

4301 GULF SHORE BLVD N  
PARK PLAZA 903  
NAPLES, FL 34103 US

Mailing Address

4301 GULF SHORE BLVD N  
PARK PLAZA 903  
NAPLES, FL 34103 US



07102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0272404**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BRUGGER, JOHN N.  
600 5TH AVENUE SOUTH  
STE 207  
NAPLES, FL 34102

**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 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
MOORE, C. KENNETH  
4301 GULF SHORE BLVD N 903  
NAPLES, FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~SD~~  
~~HEYL, MARY JO~~  
~~4284 WILLARD AVE 908~~  
~~CHEVY CHASE, MD 20815~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HEYL, MARY JO  
2801 New Mexico Ave N.W. #901  
WASHINGTON, D.C. 20007

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*C. Kenneth Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08

Date

Daytime Phone #