

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90274 037 ***150.00

DOCUMENT # S57971

1. Entity Name
KAM CONSTRUCTION & DEVELOPMENT CORP.



Principal Place of Business
**2613 59TH STREET SOUTH
GULFPORT, FL 33707**

Mailing Address
**2613 59TH STREET SOUTH
GULFPORT, FL 33707**

94076714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3068947

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REARDON, JANET C
655 ULMERTON ROAD
SUITE 4-A
LARGO, FL 34641**

Name

Denis A. Cohrs

Street Address (P.O. Box Number is Not Acceptable)

2575 Ulmerton Rd # 210

City

Clearwater

FL

Zip Code

33762

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.

Denis A. Cohrs

(NOTE: Registered Agent signature required when reinstating)

4/23/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**D
KITZMILLER, KATHLEEN
2613 59TH STREET SOUTH
GULFPORT, FL 33707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tim Kitzmiller
Vice President / Director
2613 59th Street South
Gulfport, FL 33707** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Kitzmiller V.P.

4/23/04

Date

Daytime Phone #