


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V32420</b> 1. Entity Name <b>KMS SYSTEMS, INC.</b>	
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Principal Place of Business <b>% DIAMOND CAR WASH 11571 BEACH BOULEVARD JACKSONVILLE, FL 32246 US</b>	Mailing Address <b>% DIAMOND CAR WASH 11571 BEACH BOULEVARD JACKSONVILLE, FL 32246 US</b>
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-P CR2E034 (11/05)

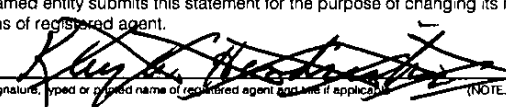
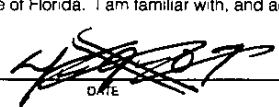
4. FEI Number <b>59-3120578</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**HENDRICKS, KAY A  
4334 SPRINGMOOR DR EAST  
JACKSONVILLE, FL 32225**

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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  DATE 

Signature, typed or printed name of registered agent applies if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PST</b>	NAME <b>HENDRICKS, KAY A</b>
STREET ADDRESS <b>4334 SPRINGMOOR DR EAST</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32246</b>	
TITLE <b>VP</b>	NAME <b>FITZGERALD, KEVIN P</b>
STREET ADDRESS <b>3841 ASHGLEN DR E</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32224</b>	
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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04/20/07-80076-009 150.00

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:  **4-9-07 (904) 642-9905**

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

**KAY A. HENDRICKS**