

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000045912

Entity Name: K & M CUSTOM CABINETS INSTALLATIONS, INC.**Current Principal Place of Business:**977 WITHLACOOCHIEE STREET
UNIT 1-A
SAFETY HARBOR, FL 34695**Current Mailing Address:**977 WITHLACOOCHIEE STREET
UNIT 1-A
SAFETY HARBOR, FL 34695 US**FEI Number:** 85-1597544**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BATES, LONDON L
1022 MAIN STREET
SUITE K
DUNEDIN, FL 34698 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	WHEELLOCK, RONNIE C
Address	977 WITHLACOOCHIEE STREET, UNIT 1-A
City-State-Zip:	SAFETY HARBOR FL 34695

Title	CEO
Name	WHEELLOCK, RONNIE C
Address	977 WITHLACOOCHIEE STREET, UNIT 1-A
City-State-Zip:	SAFETY HARBOR FL 34695

Title	SECRETARY AND VICE PRESIDENT/DIRECTOR OF HUMAN RESOURCES
Name	BUSEK, JESSICA
Address	977 WITHLACOOCHIEE STREET, UNIT 1-A
City-State-Zip:	SAFETY HARBOR FL 34695

Title	TREASURER AND VICE PRESIDENT/CFO/DIRECTOR OF ADMINISTRATION
Name	WHEELLOCK, HALEIGH
Address	977 WITHLACOOCHIEE STREET, UNIT 1-A
City-State-Zip:	SAFETY HARBOR FL 34695

Title	CHIEF OPERATIONS OFFICER
Name	JERRELLS, CHRISTOPHER
Address	977 WITHLACOOCHIEE ST
City-State-Zip:	SAFETY HARBOR FL 34695

I hereby 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 all other like empowered.

SIGNATURE: RONNIE WHEELLOCK**PRESIDENT****01/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date