

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000251

**Entity Name:** KIMO, INC. II

**Current Principal Place of Business:**

6 OLIVER WRIGHT DRIVE  
ESSEX, VT 05451

**Current Mailing Address:**

PO BOX 8707  
ESSEX, VT 05451 US

**FEI Number:** 03-0367496

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHRM  
Name LECLAIR, HECTOR J  
Address 6 OLIVER WRIGHT DRIVE  
City-State-Zip: ESSEX VT 05451

Title PT  
Name LECLAIR, HECTOR J  
Address 6 OLIVER WRIGHT DRIVE  
City-State-Zip: ESSEX VT 05451

Title S  
Name LACHANCE, SUSAN  
Address 45 LOGWOOD CIRCLE  
City-State-Zip: ESSEX JCT VT 05452

*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:** SUSAN LACHANCE

**SECRETARY**

**02/20/2016**

Electronic Signature of Signing Officer/Director Detail

Date