


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90015 014 \*\*\*150.00

DOCUMENT # <i>P15962</i>	
1. Entity Name <i>K C Nummy General Contr. Inc.</i>	

**DO NOT WRITE IN THIS SPACE**

**40094359**

2. Principal Place of Business <i>324 Mendel Pkwy</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Montgomery</i>	City & State <i>Alabama</i>
Zip <i>36106</i> Country <i>Montgomery</i>	Zip Country

CR2E034B (8/05)

4. FEI Number <i>63-0846257</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
7. Name and Address of Current Registered Agent	
Name <i>CT Corp.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1200 S. Prime Island Rd</i>	
City <i>Plantation</i>	FL Zip Code <i>33324</i>

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended AR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>KC Nummy Pres 324 Mendel Pkwy Montgomery, AL 36117</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>John Nummy J Pres "</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jeanette Long, Secy "</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeanette Long* Date: *5-22-06* Daytime Phone #: *334 271-0600*

ATTACHMENT

**K. C. NUMMY** 40094359


#P15962

May 22, 2006

To: Florida Dept. of State

Re: Annual Report

This late filing is due to failure to receive the annual report form. We have indicated we would prefer to receive this form by mail.

  
K C Nummy