

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01445

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: K C T, INC.

**Current Principal Place of Business:**

609 S. KINGS AVE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3973  
BRANDON, FL 33509 US

**New Mailing Address:**

FEI Number: 59-2380884      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RODRIGUEZ, MITCH  
210 BRYAN OAK AVE  
BRANDON, FL 33511 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STURM, JOANNE  
Address: 606 BAINBRIDGE DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: VD ( ) Delete  
Name: HEATON, MICHAEL  
Address: 604 FIELDCREST DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: TD ( ) Delete  
Name: ERDLE, ADELE  
Address: 605 LYNCHBURG DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: SD ( ) Delete  
Name: FONTE, TINA  
Address: 605 BAINBRIDGE DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: D ( ) Delete  
Name: KAMINSKI, EILEEN  
Address: 601 LYNCHBURG DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: D ( ) Delete  
Name: WILLIAMS, FRAN  
Address: 605 FIELDCREST DRIVE  
City-St-Zip: BRANDON, FL 33511 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: HOFFMAN, STEVEN  
Address: 510 OLE PLANTATION DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: TD (X) Change ( ) Addition  
Name: STEWART, DAVID  
Address: 605 ST. HENRY DRIVE  
City-St-Zip: BRANDON, FL 33511 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE STURM

PD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date