

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N01445

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 (X)

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: HOFFMAN, STEVEN
Address: 510 OLE PLANTATION DRIVE
City-St-Zip: BRANDON, FL 33511 US

Title: TD () Delete
Name: STEWART, DAVID
Address: 605 ST. HENRY 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CAMPBELL, NICK
Address: 609 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

04/29/2008

Electronic Signature of Signing Officer or Director

Date