

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074616

Entity Name: K & T POULTON, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

4220 WHIDDEN BLVD
UNIT F
CHARLOTTE HARBOR, FL 33980

New Principal Place of Business:

Current Mailing Address:

PO BOX 512008
PUNTA GORDA, FL 339512008

New Mailing Address:

FEI Number: 01-0732747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULTON, TAMATHA F
3616 TAMAMIAMI TRL, UNIT 1B
PORT CHARLOTTE, FL 33952

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POULTON, KEITH W
Address: 3616 TAMAMIAMI TRL, UNIT 1B
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VST () Delete
Name: POULTON, TAMATHA F
Address: 3616 TAMAMIAMI TRL, UNIT 1B
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMATHA F POULTON

VST

04/24/2008

Electronic Signature of Signing Officer or Director

Date