

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 29, 2006 8:00 am
Secretary of State

03-01-2006 90033 008 ***150.00

DOCUMENT # K49013

1. Entity Name
KTL ENTERPRISES, INC.



Principal Place of Business

% GEORGE M. LILLEY
2935 N GALLOWAY RD
LAKELAND, FL 33810

Mailing Address

% GEORGE M. LILLEY
2935 N GALLOWAY RD
LAKELAND, FL 33810

00001000



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2919860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LILLEY, LILA B VP
2935 N GALLOWAY RD
LAKELAND, FL 33810

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 *Lila B Lilley*
Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when renewing)

2-16-06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LILLEY, GEORGE M PD 2935 N GALLOWAY RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILLEY, LILA B D 2935 N GALLOWAY RD LAKELAND, FL 33810
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lila B Lilley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06 863-858-1089
Date Daytime Phone #