


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K49013</b> 1. Entity Name KTL ENTERPRISES, INC.	
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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
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03132008 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
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**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 VP 4-2-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000282120

04/16/08-80028-008 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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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**DO NOT WRITE  
IN THIS SPACE**

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 Lila B. Lilley 4-2-08 863-858-1089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #