


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J11561 1. Entity Name K. T. & A. INVESTMENT CORP.	
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Principal Place of Business 3902 BURNS ROAD PALM BEACH GARDENS, FL 33410 US	Mailing Address 3902 BURNS ROAD #18 PALM BEACH GARDENS, FL 33410 US
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04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2653450	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCARTHY, JAMES 3902 BURNS DR PALM BEACH GARDENS, FL 33410

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

000000126509

04/23/04-80038-014 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP MCCARTHY, JAMES P. 3902 BURNS ROAD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCCARTHY, AMY PO BOX 15553 W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS MCCARTHY, REBECCA 1136 HATTERAS CIR WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James McCarthy **James McCarthy** 4/20/04 (1561) 622-1600
Date Daytime Phone #