

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # J11561

1. Entity Name
K. T. & A. INVESTMENT CORP.



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**



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2853450

Applied For
Not Applicable

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

**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	DP
NAME	MCCARTHY, JAMES P.
STREET ADDRESS	3902 BURNS ROAD
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	MCCARTHY, AMY
STREET ADDRESS	PO BOX 15553
CITY - ST - ZIP	W. PALM BEACH, FL
TITLE	VPAS
NAME	MCCARTHY, REBECCA
STREET ADDRESS	PO BOX 15553
CITY - ST - ZIP	WEST PALM BEACH, FL 33416
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/01/06-80091-022 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06

561-622-1600

Date

Daytime Phone #