


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

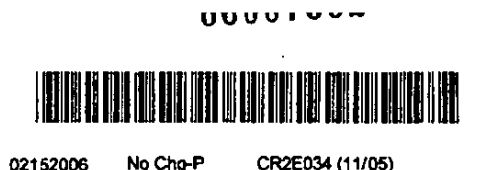
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**DOCUMENT # K49013**  
 1. Entity Name  
**KTL ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**% GEORGE M. LILLEY**      **% GEORGE M. LILLEY**  
**2935 N GALLOWAY RD**      **2935 N GALLOWAY RD**  
**LAKELAND, FL 33810**      **LAKELAND, FL 33810**

**DO NOT WRITE IN THIS SPACE**



4. FEI Number **59-2919860** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$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*      DATE 2-16-06  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when renewing)

**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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**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*      Date 3-27-06      Daytime Phone # 863-858-1089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR