

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 16, 2007 08:00 AM
Secretary of State

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



Principal Place of Business % GEORGE M. LILLEY 2935 N GALLOWAY RD LAKE LAND, FL 33810	Mailing Address % GEORGE M. LILLEY 2935 N GALLOWAY RD LAKE LAND, FL 33810
---	---

DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

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
LAKE LAND, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILLEY, LILA B D 2935 N GALLOWAY RD LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000707318
04/24/07-80069-016 150.00

**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: *Lila B Lilley* *Lila B Lilley* **4-12-07** **863-858-1089**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #