


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M92221</b> 1. Entity Name KTD CONSULTING ENGINEERS, INC.	
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Principal Place of Business 237 SOUTH WESTMONTE DR. SUITE 300 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 237 SOUTH WESTMONTE DR. SUITE 300 ALTAMONTE SPRINGS, FL 32714 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2901864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DODANE, MICHAEL L. 237 S. WESTMONTE DR., STE 300 ALTAMONTE SPRINGS, FL 32714
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

1100000190093  
01/24/05-80121-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DODANE, MICHAEL L. 854 WILDMERE AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KLEBANOFF, GREG 3827 PEACE PIPE DR. ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GRANEY, WILLIAM JR. 1544 LAWNDALE CIRCLE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:**  **Michael L. Dodane** **1-17-05 407.834.7900**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #