

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M92221**

1. Entity Name  
**KTD CONSULTING ENGINEERS, INC.**



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**

001015001

218000



02092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2901864**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DODANE, MICHAEL L  
237 S. WESTMONTE DR., STE 300  
ALTAMONTE SPRINGS, FL 32714**

**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, 2007 Fee will be \$350.00**

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

000000671248  
03/28/07-80021-017 150.00

**10. OFFICERS AND DIRECTORS**

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

Date

Daytime Phone #