

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 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



02102008 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

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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, 2008 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
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 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 #