


2007

# CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90207 015 \*\*\*150.00

DOCUMENT # N07000009104					
1. Entity Name KRITTER KASTLE, INC.					
Principal Place of Business 6336 TIMBERLANE RD LAKE WALES, FL 33898			Mailing Address 6336 TIMBERLANE RD LAKE WALES, FL 33898		
2. Principal Place of Business - No P.O. Box # 3800 COUNTRY CLUB RD, S			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State WINTER HAVEN, FL			City & State		
Zip 33881	Country USA	Zip	Country	4. FEI Number 55-0787085	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KLEIN, CYNTHIA J 6336 TIMBERLANE RD LAKE WALES, FL 33898			7. Name and Address of New Registered Agent Name NAUCY D. KING Street Address (P.O. Box Number is Not Acceptable) 3800 COUNTRY CLUB RD, S. City WINTER HAVEN, FL Zip Code 33881		
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: <u>Naucy D. King, M.D.</u> DATE: <u>1/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WATERS, CYNTHIA J 6336 TIMBERLANE RD LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D NAUCY D. KING 3800 COUNTRY CLUB RD, S WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARLON, SALLY A 340 SHIRK LN SW ALBUQUERQUE, NM 87105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD, D RILEY WILLIAM JONES 2924 FRAUHLIN ST LAKE LAUD, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, TERESA 6340 TIMBERLANE RD. LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T, D MICHAEL BIRDWELL 604 E ZIGGINS ST. LAKE LAUD, FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Naucy D. King, M.D.</u> DATE: <u>1/1/07</u> DAYTIME PHONE: <u>863-293-9574</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					