


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N26719 1. Entity Name KDL INDUSTRIAL ASSOCIATION, INC.	
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Principal Place of Business 3315 INDUSTRIAL 25TH ST. FT. PIERCE, FL 34946 US	Mailing Address 3315 INDUSTRIAL 25TH ST. FT. PIERCE, FL 34946 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEADMAN, THOMAS
4702 EAGLE DRIVE
FORT PIERCE, FL 34951

**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.

**Filing Fee is \$61.25
Due by May 1, 2004**

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 HOGAN, MICHAEL D 41 SOVEREIGN WAY FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEADMAN, THOMAS G 4702 EAGLE DR FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GALBRAITH, WALTER K 3120 N A1A., PH3-4 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMA TRUDI, ANTHONY J 4141 S US HWY 1 FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ULLOA, RAMON 4658 SW HAMMOCK CREEK ROAD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000011983
01/23/04-80060-006 61.25

**DO NOT WRITE
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 617, 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:  **THOMAS G. DEADMAN** 01/17/2004 772-465-0703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #