

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N26719

1. Entity Name
KDL INDUSTRIAL ASSOCIATION, INC.



Principal Place of Business
3315 INDUSTRIAL 25TH ST.
FT. PIERCE, FL 34946 US

Mailing Address
3315 INDUSTRIAL 25TH ST.
FT. PIERCE, FL 34946 US



DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2821929

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

DEADMAN, THOMAS
4702 EAGLE DRIVE
FORT PIERCE, FL 34951

**DO NOT WRITE
IN THIS SPACE**

6. 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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

110000078005
01/12/05-80008-018 61.25

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael D. Hogan, President

1/10/05 772-466-3113

Date

Daytime Phone #