

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90037 033 ****61.25

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2821929	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEADMAN, THOMAS 4702 EAGLE DRIVE FORT PIERCE, FL 34951				Name Michael D. Hogan Street Address (P.O. Box Number is Not Acceptable) 41 Sovereign Way City Fort Pierce FL Zip Code 34949	
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		 Michael D. Hogan		2/13/06 DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGAN, MICHAEL D		NAME		
STREET ADDRESS	41 SOVEREIGN WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEADMAN, THOMAS G		NAME		
STREET ADDRESS	4702 EAGLE DR		STREET ADDRESS	3315 Industrial 25th Street	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	Fort Pierce, FL 34946	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALBRAITH, WALTER K		NAME		
STREET ADDRESS	3120 N A1A., PH3-4		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMA TRUDI, ANTHONY J		NAME		
STREET ADDRESS	4141 S US HWY 1		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ULLOA, RAMON		NAME		
STREET ADDRESS	4658 SW HAMMOCK CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Gellis, Charles		NAME		
STREET ADDRESS	2373 NW 195th Avenue		STREET ADDRESS		
CITY-ST-ZIP	Pembroke Pines, FL 33029		CITY-ST-ZIP		
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 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:		 Michael D. Hogan		2/13/06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					

60016569



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