DOCUMENT #	DO	CUN	MEN	JT #
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1. Entity Name

K.T. SSON, INC.



P00000019441

6831 WHITFIELD INDUSTRIAL AVENUE #F SARAŞOTA FL 34243

6831 WHITFIELD INDUSTRIAL AVENUE #F SARASOTA FL 34243

2. Principal Place of Business 3. Mailing Address .				,		- 1 IOCIIOBI III QUIII							
Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHE	ECK HERE IF	MAKING	G CHANGE	:S		
City & Stat	e		City	& State				4. F	El Number 65	0984812		h	Applied For Not Applicable
Zip		Country	Zip Country					5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Current	Registere	ed Agent				7. N	lame and Addres	s of New Reg	stered	Agent	_
						Name							
	FFORD M					Street Address (P.O. Box Number is Not Acceptable)							
2033 MAI	n street										_		
SUITE 303	3												
SARASOT	A FL 34237					City			· 		FL	Zip C	ode
	ions of registe									State of Florid		familiar wil	h, and accept
•	Signature, typed	or printed name of registered agent	and title if app	licable. (NOTE	: Registered	l Agent signat	ure required w	hen rei	instating)		DATE		
After Se	ptember 10,	FEE IS \$550.00 2003 Fee will be \$750 Florida Department o							9. Election Ca Trust Fund	ampaign Finar Contribution.			.00 May Be led to Fees
10.		OFFICERS AND	DIRECTO	RS	11.				DITIONS/CHANG	ES TO OFFIC	ERS AND	DIRECTO	PRS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7435-QUE	RICHARD K En Palm Circle A Fl 34243		☐ Delete			P,S,		Carlyle	Lane		☐ Chang	e 🔀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PEGGY E n Palm Circ le A Fl 34243		☐ Delete			V 672	22	Carlyle	Lane		☐ Change	Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	•		. ~	Delete Delete							- 4	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					12-			☐ Change	B
TITLE				☐ Delete	TITLE							Change	Addition

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 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Attachment 80135193 LARRY GEIMER & ASSOCIATES, CPAS, P.A.

MEMBER OF AMERICAN AND FLORIDA INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS

July 22, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE:

K.T. Sson, Inc. ID# P00000019441

Dear Sir/Madam:

The above referenced taxpayer has asked that we respond to your notice that their corporate annual report was not filed. The taxpayer has reasonable cause to request a waiver of the late fee. The taxpayer was under the assumption that we, as their corporate accountants, would prepare their annual report along with their other tax filings. We were not aware that they wanted us to prepare the report since we did not have the form in our office. Since their corporate income tax return was on extension the deadline for the annual report passed by them. It was not until the late notice was received did the taxpayer realize that they were late. Since the taxpayer was relying on the advice of experts, we feel they have reasonable cause to request the waiver of the late fee.

The taxpayer has attached a check for the filing fee of \$150.00. Thank you for your assistance.

Very truly yours,

Larxy Geimer

LG: id

Enclosure

cc: K.T. Sson, Inc.