2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000087632

1. Entity Name
K.L.D.T.A. INC.

Principal Place of Business	Mailing Address
19505 SPRING OAK DRIVE EUSTIS, FL 32736	19505 SPRING OAK DRIVE EUSTIS, FL 32736

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3745448

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOODFELLOW, LORAYNE R
19505 SPRING OAK DRIVE
EUSTIS, FL 32736

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOODFELLOW, LORAYNE R
STREET ADDRESS	19505 SPRING OAK DRIVE
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	D
NAME	GOODFELLOW, KENNETH A JR.
STREET ADDRESS	19505 SPRING OAK DRIVE
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80078-023 150.00

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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: _Lorayne Goodfellow_   1/8/08   352-589-020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #