

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90297 041 \*\*\*150.00

**DOCUMENT # P02000011783**

1. Entity Name  
**K & T GENERAL SERVICES INC.**



Principal Place of Business  
**PO BOX 21461  
BRADENTON, FL 34204**

Mailing Address  
**PO BOX 21461  
BRADENTON, FL 34204**

2. Principal Place of Business  
**PO BOX 5445**

3. Mailing Address  
**PO BOX 5445**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Gainesville Florida**

City & State  
**Gainesville Florida**

Zip  
**32627-5445**

Country  
**USA**

Zip  
**32627-5445**

Country  
**USA**

04112005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**01-0636071**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MARTIN-HENICS, TRACY**  
**13602 3TH AVE CIR NE**  
**BRADENTON, FL 34212**

## 7. Name and Address of New Registered Agent

Name  
**Karoly Henics**  
Street Address (P.O. Box Number is Not Acceptable)  
**1114 NW 6th St.**  
City  
**Gainesville** **FL** Zip Code  
**32601**

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 nonstatutory)

DATE

04/11/2005

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	MARTIN-HENICS, TRACY	
STREET ADDRESS	13602 3TH AVE CIR NE	
CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENICS, KAROLY	
STREET ADDRESS	1114 NW 6th St.	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin-Henics, Tracy	
STREET ADDRESS	1114 NW 6th St.	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henics, Karoly	
STREET ADDRESS	1114 NW 6th St.	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2005 941-749-5636

Date

Daytime Phone #