

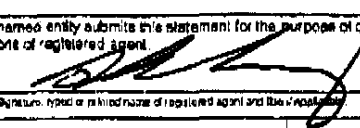
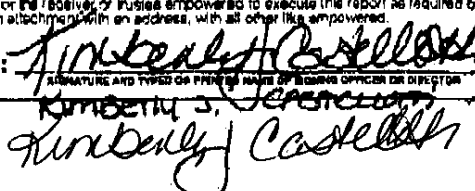
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KIMBERLY JOY

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90035 049 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000055969			
1. Entity Name KT PROPERTY INVESTMENTS, INC.			
Principal Place of Business 109 WATERVIEW WAY ROYAL PALM BEACH, FL 33411 11789 WINDSOR BAY PL WELLINGTON, FL 33467		Mailing Address 109 WATERVIEW WAY ROYAL PALM BEACH, FL 33411 11789 WINDSOR BAY PL WELLINGTON, FL 33467	
2. Principal Place of Business		3. Mailing Address	
Succ. Apt. #, etc.		Succ. Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. FEI Number 02-0808097		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DONNELL, MARY P. WAS CHANGED 5300 NW 33 AVE STE 117 FORT LAUDERDALE, FL 33309 LAST YEAR		7. Name and Address of New Registered Agent Name: ALLAN SERCHAY, CPA Street Address (P.O. Box Number is Not Acceptable): 5300 NW 33 AVE SU 117 City: Ft Lauderdale FL 33309	
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 		DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1	
TITLE	NAME	TITLE	NAME
NAME	CASTELLOTTI, KIMBERLY J	NAME	11789 WINDSOR BAY PL
STREET ADDRESS	109 WATERVIEW WAY	STREET ADDRESS	WELLINGTON, FL 33467
CITY- ST- ZIP	ROYAL PALM BEACH, FL 33411	CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
NAME	CASTELLOTTI, THOMAS D JR.	NAME	THOMAS WARD JR.
STREET ADDRESS	109 WATERVIEW WAY	STREET ADDRESS	11789 WINDSOR BAY PL
CITY- ST- ZIP	ROYAL PALM BEACH, FL 33411	CITY- ST- ZIP	WELLINGTON, FL 33467
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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)(b), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/13/04 561422-1996	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR KIMBERLY J. CASTELLOTTI		DATE	