

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90009 027 \*\*\*150.00

**DOCUMENT # P02000129837**

1. Entity Name  
**K & D PLASTERING INC.**



Principal Place of Business  
**4624 SW 22ND PL.  
CAPE CORAL, FL 33914**

Mailing Address  
**4624 SW 22ND PL.  
CAPE CORAL, FL 33914**

40023103



2. Principal Place of Business

**2406 SW 40TH TER**

3. Mailing Address

**5116 SW 12TH PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Cape Coral**

**Cape Coral**

City & State

City & State

**FL**

**FL**

Zip  
**33914**

Country

**USA**

Zip

**33914**

Country

**USA**

02282006

Chg-P

CR2E034 (11/05)

4. FEI Number

**90-0053638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEHLBERG, KEVIN J  
4624 SW 22ND PL.  
CAPE CORAL, FL 33914**

Name

**Kevin J. FEHLBERG**

Street Address (P.O. Box Number is Not Acceptable)

**5116 SW 12TH PL.**

**Cape Coral**

City

**FL**

Zip Code

**33914**

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

**Kevin J. Fehlberg Pres. K J**

**3/2/06**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
FEHLBERG, KEVIN J PRESIDE  
242 SW 43 TER  
CAPE CORAL, FL 33914** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V.P.  
FEHLBERG, DARRIN J VICE PR  
1325 FORSYTH CT.  
NORTH FT. MYERS, FL 33903** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP.S  
JONES, KENJI VP.SALE  
11300 66TH ST. NORTH  
LARGO, FL 33773** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #