

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90066 034 \*\*\*158.75

**DOCUMENT # P03000066536**

1. Entity Name

KTi CONSTRUCTION, INC.



Principal Place of Business

P.O. BOX 480262  
DELRAY BEACH FL 33484

Mailing Address

P.O. BOX 480262  
DELRAY BEACH FL 33484



2. Principal Place of Business

P.O. Box 480262  
Suite, Apt. #, etc.  
DELRAY BEACH, FLA.  
City & State

3. Mailing Address

P.O. Box 480262  
Suite, Apt. #, etc.  
DELRAY BEACH, FLA.  
City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number

47-0922633

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, JIMMY N  
616 NORMANDY M  
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	WHITAKER, JIMMY N.	
STREET ADDRESS	616 NORMANDY M	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAUDILL, LEE	
STREET ADDRESS	2106 LEDFORD LANE	
CITY-ST-ZIP	GREENSBORO NC 27406	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEICHTY, CARYL	
STREET ADDRESS	2106 LEDFORD LANE	
CITY-ST-ZIP	GREENSBORO NC 27406	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, LINDA	
STREET ADDRESS	616 NORMANDY M	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*Jimmy N. Whitaker*  
JIMMY N. WHITAKER  
(PRESIDENT)

Date

Daytime Phone #

2-28-05 561-445-0168