## 2006 FOR PROFIT CORPORATION " ANNUAL REPORT

## DOCUMENT # P03000069839

K&T SERVICES, INC.



Principal Place of Business

MIAMI, FL 33145

Mailing Address

621 LANG RD

FT. WALTON BEACH, FL 32547

PO BOX 393

FT WALTON BEACH, FL 32549

## **FILED** Mar 20, 2006 08:00 AM Secretary of State



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Applied For 4. FEI Number 56-2372852 Not Applicable 

5. Certificate of Status Desired

03072006

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR

## DO NOT WRITE IN THIS SPACE

No Chg-P

the obligat	ions of registered agent.	urpose of changing its registered	foffice or i	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	supplicable. (NOTE Registered A	Agent signatur	e required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP RICHARDSON, KEVIN S 821 LANG RD FT. WALTON BEACH, FL 32547  DVST RICHARDSON, TAMMY				U00000474588 04/04/06-80030-017 150.00
STREET ADDRESS CITY-ST-ZIP	621 LANG RD FT. WALTON BEACH, FL 32547				5
TITLE NAME STREET ADDRESS CITY-ST-219				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
2017:15	i e e e e e e e e e e e e e e e e e e e	2			

12. I hereby certify that the information supplied with this filling 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 cath; 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:

STREET ADDRESS City-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP