

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000149252	
1. Entity Name KSL PROPERTY IMPROVEMENT, INC	
Principal Place of Business 412 UPPER 8TH AVE. S. JACKSONVILLE BEACH, FL 32250	Mailing Address 412 UPPER 8TH AVE. S. JACKSONVILLE BEACH, FL 32250



DO NOT WRITE IN THIS SPACE

02072006 No Chg-P CR2E034 (11/05)

4. FEJ Number 45-0530285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent LIETCH, KENNETH S 412 UPPER 8TH AVE. S. JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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 ministering) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD LIETCH, KENNETH S 412 UPPER 8TH AVE. S. JACKSONVILLE BEACH, FL 32250
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IN THIS SPACE**

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02/20/06-80011-019 150.00

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: K.S. Lietch 2/7/06 904-246-1842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #