

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-28-2008 90361 019 ***150.00

DOCUMENT # P04000028840

1. Entity Name
KD2, INC.



Principal Place of Business
3995 DEER CROSSING COURT
10-204
NAPLES, FL 34114

Mailing Address
3995 DEER CROSSING COURT
10-204
NAPLES, FL 34114

66011304



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

26-2176593

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

GREUSEL, JAMIE B
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

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 file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PT	☐ Delete
NAME	MATEJA, KENNETH F	
STREET ADDRESS	3995 DEER CROSSING CT. 10-204	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	VPS	☐ Delete
NAME	MATEJA, DANIEL D	
STREET ADDRESS	3995 DEER CROSSING CT. 10-204	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Kenneth T. Mateja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

630-461-4800
Daytime Phone