


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90139 012 ***150.00

| | | | | | | | |
|---|----------------------|---------------------------------|---|---|-----------------------------------|----|--------------------------|
| DOCUMENT # P04000032649 | | | |  | | | |
| 1. Entity Name KT FLETCHERS, INC. | | | | | | | |
| Principal Place of Business 2377 CLIPPER WAY NAPLES, FL 34104 | | | Mailing Address 2377 CLIPPER WAY NAPLES, FL 34104 | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | |
| City & State | | | City & State | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 73-1696080 | | | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | Name TOMPKINS, KRISTINA G. | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 2230 CLIPPER WAY | | | | |
| | | | City NAPLES | | | FL | Zip Code 34104 |
| | | | | | | | |
| 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: <u><i>Kristina Tompkins</i></u> | | | DATE: <u>4-29-05</u> | | | | |
| Signature, typed or printed name of registered agent and title if applicable | | | (NOTE: Registered Agent signature required when reinstating) | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | PSTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | TOMPKINS, KRISTINA G | | NAME | | | | |
| STREET ADDRESS | 2377 CLIPPER WAY | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | | | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | TOMPKINS, STEPHEN M | | NAME | | | | |
| STREET ADDRESS | 2377 CLIPPER WAY | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 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: <u><i>Kristina Tompkins</i></u> | | | DATE: <u>4-29-05</u> | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | | | |
| | | | Daytime Phone # | | | | |