


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000159459</b> 1. Entity Name <b>KTL CONTRACTING, INC.</b>						<b>FILED</b> <b>08 SEP 26 PM 3:28</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>800 S.E. 9TH TERRACE DEERFIELD BEACH, FL 33441</b>				Mailing Address <b>113 N. FEDERAL HWY DANIA BEACH, FL 33004</b>			
2. Principal Place of Business - No P.O. Box # <b>600 SNUG HARBOR DRIVE</b>				3. Mailing Address Suite, Apt. #, etc. <b>A20</b>			
City & State <b>BOYNTON BEACH</b>				City & State <b>BOYNTON BEACH</b>			
Zip <b>33435</b>		Country <b>FLORIDA</b>		Zip <b>33435</b>		Country <b>FLORIDA</b>	
4. FEI Number <b>20-1928919</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>ADAMS, GERALD 113 N. FEDERAL HWY DANIA BEACH, FL 33004</b>				7. Name and Address of New Registered Agent Name <b>SHARON DRAKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 SNUG HARBOR DR. A20</b> City <b>BOYNTON BEACH</b> FL <b>33435</b>			
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 <b>SHARON DRAKE</b> <i>Sharon Drake</i> <b>9/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS MYERS, TERRILL 800 S.E. 9TH TERRACE DEERFIELD BEACH, FL 33441			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136519603 10/01/08--01024--013 **558.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MYERS, LANCELOT 800 S.E. 9TH TERRACE DEERFIELD BEACH, FL 33441			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>TERRILL MYERS</b> <i>Terrill Myers</i> <b>9/18/08</b> <b>954-709-8557</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							