

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000170772

1. Entity Name
K T HOME BUYERS, INC.



Principal Place of Business
**1570 NW 77TH TERRACE
PEMBROKE PINES, FL 33024**

Mailing Address
**1570 NW 77TH TERRACE
PEMBROKE PINES, FL 33024**



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2086518	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

**SIEBALD, TRACY
1570 NW 77TH TERRACE
PEMBROKE PINES, FL 33024**

**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 reinstating) 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	D SIEBALD, TRACY 1570 NW 77TH TERRACE PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RETZLER, KIMBERLY 106 STIRRUP LANE WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/07/06-80003-015 550.00

**DO NOT WRITE
IN THIS SPACE**

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: Tracy Siebald Tracy Siebald 2/2/06 954-741-0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #