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Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90274 037 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000040096 1. Entity Name K & L LENDING GROUP, INC.			
Principal Place of Business 4456 TAMiami TRAIL, UNIT A5 PORT CHARLOTTE, FL 33980		Mailing Address 4456 TAMiami TRAIL, UNIT A5 PORT CHARLOTTE, FL 33980	
2. Principal Place of Business SAME Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 20-2591889		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATHENS, JANELLE M 3448 DEPEW AVE. PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) N/A 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 <i>Julita Lathers</i> Signature of holder or limited partner or registered agent and not a coparticipant		DATE <i>3/20/06</i> NOTE: Registered Agent signature required when conducting	
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	☐ Delete D LATHERS, JULITA E 20020 VETERANS BLVD., #17 PORT CHARLOTTE, FL 33054	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete VIP TERESITA KIDDLE 4456 TAMiami TRAIL PORT CHARLOTTE, FL 33980	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ 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 2 minutes 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 affidavit, with all other fees empowered.			
SIGNATURE: <i>Julita Lathers</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>3/20/06</i> JULITA LATHERS	

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