

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

2/1

02-12-2007 90107 005 \*\*\*150.00

66003424



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3250257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DOCUMENT # P05000105210**  
 1. Entity Name  
**KTLR PROPERTIES, INC.**



Principal Place of Business 1800 MADELONS PATH FT WALTON BEACH, FL 32547	Mailing Address 1800 MADELONS PATH FT WALTON BEACH, FL 32547
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**  
 WHITE, LORAIN E  
 1800 MADELONS PATH  
 FT WALTON BEACH, FL 32547

**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 **LORAIN E. WHITE** **2/1/07**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	P DOOLEY, KAREN 1800 MADELONS PATH FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOOLEY, TOM 1800 MADELONS PATH FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHITE, RICK 1801 MADELONS PATH FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHITE, LORAIN E 1801 MADELONS PATH FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 **TREASURER** **2/26/07**  
**LORAIN E. WHITE**