


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90457 048 ***150.00

DOCUMENT # P05000135615

1. Entity Name
KDT ELECTRICAL CONTRACTING INC.



Principal Place of Business Mailing Address

2241 ST. AUGUSTINE STREET **2241 ST. AUGUSTINE STREET**
DELTONA, FL 32738 US **DELTONA, FL 32738 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

191 W. Ohio Ave. **191 W. Ohio Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Lake Helen, FL **Lake Helen, FL**

Zip Country Zip Country

32744 **32744**

10001277



04232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-3579070 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BIXLER, KELLY A
2241 ST. AUGUSTINE STREET
DELTONA, FL 32738

7. Name and Address of New Registered Agent

Name **Kelly A. Bixler**

Street Address (P.O. Box Number is Not Acceptable)
191 W. Ohio Ave.

City **Lake Helen** **FL** Zip Code **32744**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	P	<input type="checkbox"/> Delete
NAME	BIXLER, KELLY A	
STREET ADDRESS	2241 ST. AUGUSTINE STREET	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIXLER, DENNIS L	
STREET ADDRESS	2241 ST. AUGUSTINE STREET	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kelly A. Bixler* - President Date 4-26-07 (386) 532-3052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #