

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144215

Entity Name: K A T SERVICES, INC.

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

1479 ROGERS ST.
CLEARWATER, FL 33755 US

New Principal Place of Business:

3635 135TH AVE N
UNIT B
LARGO, FL 33771 US

Current Mailing Address:

1479 ROGERS ST.
CLEARWATER, FL 33755 US

New Mailing Address:

3635 135TH AVE N
UNIT B
LARGO, FL 33771 US

FEI Number: 20-5899856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDGER, ANGELA
3635 135TH AVE., NO
UNIT B
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEDGER, ANGELA
Address: 3635 135TH AVE., NO., UNIT B
City-St-Zip: LARGO, FL 33771 US

Title: VP (X) Delete
Name: EMMONS, KATHLEEN
Address: 1479 ROGERS ST
City-St-Zip: CLEARWATER, FL 33755 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA LEDGER

P

03/22/2007

Electronic Signature of Signing Officer or Director

_____ Date