

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108814

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** KTIP, INC.

**Current Principal Place of Business:**

6037 FALL RIVER DR  
NEW PORT RICHIE, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551726  
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number:** 61-1582205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 37TH COURT NORTH  
LOXAHATCHEE, FL 33470 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KLINOWSKI, DOUG  
Address: 6037 FALL RIVER DR  
City-St-Zip: NEW PORT RICHIE, FL 34655

Title: VP  
Name: TEDESCHI, ROBERT G  
Address: 8676 ETHANS GLEN TERRACE  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: ROBERT G TEDESCHI

VP

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date