

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000014480

1. Entity Name
K-TOOL COMPANY



Principal Place of Business
**1050 STRATFORD PLACE
MELBOURNE, FL 32940**

Mailing Address
**1050 STRATFORD PLACE
MELBOURNE, FL 32940 US**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3156317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARROLL, DEIRDRE
1050 STRATFORD PLACE
MELBOURNE, FL 32940**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CARROLL, DEIRDRE
STREET ADDRESS	1050 STRATFORD PLACE
CITY-ST-ZIP	MELBOURNE, FL 32940

TITLE	V
NAME	MCLAUGHLIN, WILLIAM J
STREET ADDRESS	66 VININGS LAKE DRIVE
CITY-ST-ZIP	MABLETON, GA 30126

TITLE	DS
NAME	MCLAUGHLIN, WILLIAM M
STREET ADDRESS	560 PARKWOOD WAY
CITY-ST-ZIP	MELBOURNE, FL 329401869

TITLE	D
NAME	MCLAUGHLIN, MARGARET A
STREET ADDRESS	560 PARKWOOD WAY
CITY-ST-ZIP	MELBOURNE, FL 32940

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deirdre Carroll
1/14/08

Date

321 757 6561

Daytime Phone #