

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90404 042 ***150.00

DOCUMENT # P95000058914

1. Entity Name

K.L.D. CONSTRUCTION, INC.



Principal Place of Business

2501 27TH AVENUE
SUITE F-1B
VERO BEACH FL 32960

Mailing Address

140 44TH TERR SW
VERO BEACH FL 32968



2. Principal Place of Business

3215 Aviation Blvd

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Vero Beach

City & State

FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEPP, WILLIAM S
140 44TH TERR SW
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEPP, WILLIAM S
STREET ADDRESS 2501 27TH AVENUE, SUITE F-1B
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE STD
NAME DEPP, NANCY H
STREET ADDRESS 2501 27TH AVENUE, SUITE F-1B
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/26/06

Date

(772)
567-0572

Daytime Phone #