

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 008 ***150.00

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1. Entity Name
K.T.C. AND ASSOCIATES, INC.



Principal Place of Business
2286 BOGGY CR. RD.
KISSIMMEE, FL 34744

Mailing Address
2286 BOGGY CR. RD.
KISSIMMEE, FL 34744

60029119



2. Principal Place of Business

2310 Boggy Creek Rd.
Kissimmee, FL

3. Mailing Address

Suite, Apt. #, etc.

04182006 Chg-P CR2E034 (11/05)

City & State

34744

City & State

4. FEI Number
59-3340534

Applied For
Not Applicable

Zip

Country

US

Zip

Country

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

6. Name and Address of Current Registered Agent

COUNCIL, KEITH T
2507-C BOGGY CREEK ROAD
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name Keith T. Council

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

2310 Boggy Cr. Rd.

City Kissimmee

FL

Zip Code

34744

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, word 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME COUNCIL, KEITH T
STREET ADDRESS 2310 BAGGY COURT RD
CITY - ST - ZIP KISSIMMEE, FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2310 Boggy Creek Rd.
CITY - ST - ZIP Kissimmee, FL 34744

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

Daytime Phone #