

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019295

Entity Name: KTO, INC.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

2605 SW 33RD STREET
#200
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2605 SW 33RD STREET
#200
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3431352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKPATRICK, KENNETH B
2605 SW 33RD ST #200
OCALA, FL 34474 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: D () Delete
Name: KIRKPATRICK, JOHN W III
Address: 2531 NW 41 STREET BLDG D
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: OLINGER, WILLIAM D
Address: 2700-A NW 43 STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: THOBURN, ROBERT
Address: 9409 SW 47 LANE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KIRKPATRICK, JOHN W III
Address: 5203 NW 49TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: DV (X) Change () Addition
Name: OLINGER, WILLIAM D
Address: 2700-A NW 43 STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: DS (X) Change () Addition
Name: THOBURN, ROBERT
Address: 9409 SW 47 LANE
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN W. KIRKPATRICK III

DP

04/07/2005

Electronic Signature of Signing Officer or Director

_____ Date