


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90006 002 ***150.00

DOCUMENT # P99000091916		
1. Entity Name K.W.T. HOLDINGS, INC.		

Principal Place of Business 18930 SW 15TH AVE NEWBERRY, FL 32669	Mailing Address 18930 SW 15TH AVE NEWBERRY, FL 32669
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54070199

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08112004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3605205		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		7. Name and Address of New Registered Agent	
AIRTH, HAL ADAMS JR 500 S. FIA AVE, STE 800 LAKELAND, FL 33801		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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P TRUJILLO, KATHRYN W 18930 SW 15 AVE. NEWBERRY, FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO TRUJILLO, DANIEL J 18930 SW 15TH AVE NEWBERRY, FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Kathryn W. Trujillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-04
Date

Daytime Phone #

ATTACHMENT

54070199

#P99000091916

... July 30, 2004

Fla. Dept of State
Sec of State
Glendon Hood

Tax ID # 59-360-5205

Division of Corp.
P.O. Box 6198
Tallahassee, Fla. 32314-6198

Dear Ms. Hood,

Usually every year I get paper work for my annual report. This year I didn't get it. I sent \$150.00 by check. But I just got this form enclosed, and I don't want to dissolve my company, I rent my house at the river and pay my sales + use tax faithfully. This is all my company does. I want to do all right stuff but my state and US government income tax and all is turning out to be more than I am getting for rent.

I don't know how to do the computer stuff. Please ask a person to call me.

Mon - Thurs 352-379-6217 - Hospice - Page me

Sam often Fri. Thank you for your help,

home 352-472-3232

Kathryn W. Dwyer - President

Attachment
54070199



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 11, 2004

K.W.T. HOLDINGS, INC.
18930 SW 15TH AVE
NEWBERRY, FL 32669

SUBJECT: K.W.T. HOLDINGS, INC.
Ref. Number: P99000091916

We have received your document for K.W.T. HOLDINGS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 904A00049762