

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V01351

1. Entity Name
DKT TERUZZI CORP.



Principal Place of Business

7659 HEATHFIELD COURT
C/O MARNA DENTON
UNIVERSITY PARK, FL 34201 US

Mailing Address

7659 HEATHFIELD COURT
C/O MARNA DENTON
UNIVERSITY PARK, FL 34201 US



01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0306126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARLEN, ROBERT M.
1501 CORPORATE DR.
SUITE 200
BOYNTON BEACH, FL 33426

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000248386
03/02/05-80011-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPT
DENTON, MARNA
STREET ADDRESS
7659 HEATHFIELD COURT
CITY-ST-ZIP
UNIVERSITY PARK, FL 34201

TITLE
NAME
DS
DENTON, GEORGE
STREET ADDRESS
7659 HEATHFIELD COURT
CITY-ST-ZIP
UNIVERSITY PARK, FL 34201

TITLE
NAME
DV
MACMILLAN, KIMBERLY
STREET ADDRESS
129 E 82ND STREET #5A
CITY-ST-ZIP
NEW YORK, NY 100280836

TITLE
NAME
DS
ARLEN, ROBERT M
STREET ADDRESS
1501 CORPORATE DRIVE
CITY-ST-ZIP
BOYNTON BEACH, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Marna Denton MARNA DENTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05
Date

(941) 351-3702
Daytime Phone #