

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J67761**

1. Entity Name  
 D.W. KLEE, INC.



Principal Place of Business  
 D.W. KLEE, INC.  
 2120 WILEY STREET  
 HOLLYWOOD, FL 33020

Mailing Address  
 D.W. KLEE, INC.  
 2120 WILEY STREET  
 HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2804209** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

TOMPKINS, DARRYL J.  
 2400 EAST COMMERCIAL BOULEVARD  
 SUITE 820  
 FORT LAUDERDALE, FL 33308

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)

**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	DPS
NAME	KLEE, DAVID W.
STREET ADDRESS	2120 WILEY STREET
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	T
NAME	KLEE, DAVID W.
STREET ADDRESS	2120 WILEY STREET
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000442983  
 03/04/06-80043-009 150.00

**DO NOT WRITE IN THIS SPACE**

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: David W. Klee **DAVID W. KLEE** 2/16/06 954-921-5886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #