2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000101736

1. Entity Name
KLEYMAN HOLDING, INC.

Principal Place of Business	Mailing Address
1473 INDIAN TRAILS S. PALM HARBOR, FL 34683	1473 INDIAN TRAILS S. PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

01252008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3611454		Not Applicable

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

6. Name and Address of Current Registered Agent

KLEYMAN, JAMES
1473 INDIAN TRAILS SOUTH
PALM HARBOR, FL 34683

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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 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	KLEYMAN, JAMES
STREET ADDRESS	1473 INDIAN TRAILS S.
CITY-ST-ZIP	PALM HARBOR, FL 34683

TITLE	TV
NAME	KLEYMAN, REBECCA B
STREET ADDRESS	1473 INDIAN TRAILS S
CITY-ST-ZIP	PALM HARBOR, FL 34683

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Rebecca B. Kleyman_   1/25/08   727-771-6118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #