2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P06000044216

Entity Name: KLOPP OF FLORIDA, INC.

Current Principal Place of Business:

215 VOLLMER AVENUE
OLDSMAR, FL 34677

New Principal Place of Business:

251 DUNBAR AVENUE
OLDSMAR, FL 34677

Current Mailing Address:

POST OFFICE BOX 985
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 35-1456139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, RICHARD D PRES
1135 VICTORIA DRIVE
APT. #3
DUNEDIN, FL 34698 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: PD ( ) Delete
Name: NELSON, RICHARD D
Address: 1135 VICTORIA DRIVE APT 3
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: NELSON, GEORGIA F
Address: 215 VOLLMER AVENUE, P.O. BOX 985
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: NELSON, CARL
Address: 215 VOLLMER AVENUE, P.O. BOX 985
City-St-Zip: OLDSMAR, FL 34677

Title: VP, ( ) Delete
Name: NELSON, DANIEL R
Address: 215 VOLLMER AVENUE, P.O. BOX 985
City-St-Zip: OLDSMAR, FL 34677

Title: S,T (X) Delete
Name: CHRISTIAN, CRYSTAL N
Address: 215 VOLLMER AVENUE, P.O. BOX 985
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S,T, (X) Change ( ) Addition
Name: CHRISTIAN, CRYSTAL N
Address: 251 DUNBAR AVENUE, P.O. BOX 985
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change ( ) Addition
Name: NELSON, CARL
Address: 251 DUNBAR AVENUE, P.O. BOX 985
City-St-Zip: OLDSMAR, FL 34677

Title: VP, (X) Change ( ) Addition
Name: NELSON, DANIEL R
Address: 251 DUNBAR AVENUE, P.O. BOX 985
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICHARD D. NELSON P 03/27/2009

Electronic Signature of Signing Officer or Director — Date