2008 FOR PROFIT CORPORATION

FILED Jan 22, 2008 08:00 AM Secretary of State

ANNUAL REPURI						
DOCUMENT # 852728 1. Entity Name H. KLEIN & SONS, INC.						
Principal Place of Business	Mailing Address					
95 SEARING AVENUE PO BOX 349 MINEOLA, NY 11501	95 SEARING AVENUE PO BOX 349 Mineola, Ny 11501					
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				1			
Principal Place of Business 95 SEARING AVENUE 96 BOX 349 MINEOLA, NY 11501 DO NOT WRITE IN THIS SPACE							
		,	01162008	No Chg-P CF	CR2E034 (11/05)		
		CE	4. FEI Numbe		Applied F		
				11-095	of Status Desired	Not Appli \$8.75 Additional	cable
	6. Name and Address of Current Regis	stered Agent	<u> </u>	5. 55. minutes		Fee Required	
2700 W A1	IN, DAVID R., ATTY. FLANTIC BLVD. D BCH., FL 33069				NOT WRI		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or regi:	stered agent, or bo	th, in the State of Florida.	I am familiar with, and ac	cept,
SIGNATURE_	Signature, typed or printed name of registered agent and title	e if applicable (NOTE: Requirere	d Agent signature reg	uired when reinstating)		DATE	-
	E NOWIII FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing _	55.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS	1	* * (Car Cr Fig.	
TITLE NAME	S KLEIN, PETER H.		l .'	•			, ,
STREET ADDRESS City-St-Zip	95 SEARING AVE. BX. 349 MINEOLA, NY		,				٠,
TITLE	PD PD		'		en e		¹ .
NAME Street Address	KLEIN, DOUGLAS R. 95 SEARING AVE. BX. 349				•	•	
CITY-ST-ZIP	MINEOLA, NY				U00000790 01/23/08-900)379)31-015 150.0(n l
TITLE NAME					011 E01 00 000	,51 515 150.00	,
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRI	TE ·	
TITLE			1	IN .	THIS SPA	CE	•
name Street Address					,	-	
CITY-ST-ZIP				,			
title Name		•					· ;
STREET ADDRESS City-St-Zip				•			:
TITLE			1.	٠.	: .		
NAME STREET ADDRESS CITY-ST-ZIP	-A					<u></u>	
40 11	and the street that information the district which the	Alian dans not qualify for the ave	amaticae centai	and in Chapter 116	0. Florida Statutas, I furthe	er certify that the informat	tion

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if her like empowered. I hereby certify that the information indicated on this report or suppler of the corporation or the receive changed, or on an attachment with

SIGNATURE: