2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857378

Address:

City-St-Zip:

6004 PIER PLACE DR

LAKELAND, FL 33813

Entity Name: G.A. KLEISSLER COMPANY

FILED Apr 21, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
	TON CREEK P D, FL 33810	KWY. US		
Current Mailing Address:			New Mailing Addres	ss:
	TON CREEK P D, FL 33810	KWY. US		
FEI Number	: 22-1041080	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
202 WINS	DN, THOMAS J TON CREK PK D, FL 33809			
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,
SIGNATUI				
	Electron	ic Signature of Registered Age	nt	Date
Election Car	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	C () KLEISSLER, ED 234 WASHINGT AVON BY THE S	ON AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () KLEISSER, ROI 2024 SYLVESTI LAKELAND, FL	OR COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () GANNON, SUSA 27 ALLEN STRE BASKING RIDG	EET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	KLEISSLER, E	OS PLACE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	P () ANDERSON, TH	Delete IOMAS J	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: THOMAS J. ANDERSON P 04/21/2004