2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# F06000005731

Entity Name: L. L. KLINK & SONS, INC.

Current Principal Place of Business:

104 3RD ST NW
STE 103
BARBERTON, OH 44203

New Principal Place of Business:

Current Mailing Address:

P O BOX 747
BARBERTON, OH 44203

New Mailing Address:

FEI Number: 34-1114870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BLVD
STE 600
NAPLES, FL 34108 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: BROWN, SHAWN T
Address: 7679 BEAR SWAMP RD
City-St-Zip: WADSWORTH, OH 44281

Title: CFO ( ) Delete
Name: HELLINE, JOHN III
Address: 4530 BUTTERBRIDGE RD
City-St-Zip: N LAWRENCE, OH 44666

Title: SD ( ) Delete
Name: HELLINE, JOHN III
Address: 4530 BUTTERBRIDGE RD
City-St-Zip: N LAWRENCE, OH 44666

Title: T ( ) Delete
Name: EVANS, JOHN C
Address: 4019 HIGHPOINT DR
City-St-Zip: UNIONTOWN, OH 44685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SHAWN T. BROWN PD 02/06/2008

Electronic Signature of Signing Officer or Director — Date