2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # F97000001324 Apr 22, 2005 08:00 AM Secretary of State 1. Entity Name B. KLITZNER & SON, INC. Mailing Address Principal Place of Business 436 N. PEARL ST. 436 N. PEARL ST. ROCKY MOUNT, NC 27802 ROCKY MOUNT, NC 27802 No Chg-P 04192005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-1739978 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD IN THIS SPACE PLANTATION, FL 33324 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 it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will_be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CD NAME JAY, DAVID B STREET ADDRESS 436 N. PEARL ST. CITY-ST-ZIP ROCKY MOUNT, NC 27802 /00*00*0323097 /2/**05-**80038-025 150.00 DST TITLE TAYLOR, W. RAY STREET ADDRESS 436 N. PEARL ST. ROCKY MOUNT, NC 27802 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND WEED SE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Ray Taylor

4-20-05 252-4422):