

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # F97000001324

1. Entity Name

B. KLITZNER & SON, INC.



**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

436 N. PEARL ST.  
ROCKY MOUNT, NC 27802

Mailing Address

436 N. PEARL ST.  
ROCKY MOUNT, NC 27802



04042006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-1739978

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | CD                    |
| NAME           | JAY, DAVID B          |
| STREET ADDRESS | 436 N. PEARL ST.      |
| CITY-ST-ZIP    | ROCKY MOUNT, NC 27802 |
| TITLE          | DST                   |
| NAME           | TAYLOR, W. RAY        |
| STREET ADDRESS | 436 N. PEARL ST.      |
| CITY-ST-ZIP    | ROCKY MOUNT, NC 27802 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

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04/21/06-80038-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Ray Taylor

4-4-06 252-442-2139  
Date Daytime Phone #