


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000004143</b> 1. Entity Name KLD ASSOCIATES, INC.	
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Principal Place of Business 47 MALL DRIVE STE 8 COMMACK, NY 11725	Mailing Address 47 MALL DRIVE STE 8 COMMACK, NY 11725
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01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2233459	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CRUTCHFIELD, JAMES DR.  
1020 PINEHURST COURT  
OVIDO, FL 32765

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T LIEBERMAN, EDWARD 47 MALL DRIVE STE 8 COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LANDSMAN, ROCHELLE 47 MALL DRIVE STE 8 COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, BARBARA 47 MALL DRIVE STE 8 COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDBLATT, REUBEN 47 MALL DRIVE STE 8 COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YEDLIN, MARK 47 MALL DRIVE STE 8 COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/05-80070-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rochelle Landsman 1/5/05

Date

(631) 543-6500

Daytime Phone