

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90001 030 \*\*\*150.00

**DOCUMENT # F99000004557**

1. Entity Name  
**COFFEE KLATCH, INC.**



40030111

Principal Place of Business  
**320 NORTH GROVE COURT  
MCDONOUGH, GA 30253**

Mailing Address  
**1750 THE EXCHANGE  
SUITE 200  
ATLANTA, GA 30339**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2180488**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

**OLSEN, SHERMAN  
7 PUMPKIN KEY LANE  
KEY LARGO, FL 33037**

*7 Sail Pointe Lane*

**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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCST HOJEIJ, CAROL 320 NORTH GROVE COURT MCDONOUGH, GA 30253
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST OLSEN, LEE 1750 THE EXCHANGE STE 200 ATLANTA, GA 30339
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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

*7-5-06* *770-953-3300*  
Date Daytime Phone #