2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # J29246 1. Entity Name KLJ CONSTRUCTION CO., INC. Mailing Address Principal Place of Business 13519 LACEBARK PINE ROAD 13519 LACEBARK PINE ROAD ORLANDO FL 32832 ORLANDO FL 32832 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-2715762 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENKINS, KAREN ANN Street Address (P.O. Box Number is Not Acceptable) 13519 LACEBARK PINE RD ORLANDO FL 32832 Zip Code City 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 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Indition T nntDelete THILE Change JENKINS, KAREN ANN MAM NAME 13519 LACEBARK PINE RD STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change ☐ Addition THE NAME JENKINS, JR. LONNIE WILL NAME U00000334568 STREET ADDRESS 13519 LACEBARK PINE RD STREE! ADDRESS 04/27/05-80050-003 150.00 CITY-ST-70P CITY-ST-ZIP ORLANDO FL ☐ Change Addition DILLE Delete SITLE NAME NAME STREET ADDRESS DIRECT ADDRESS CITY-ST-7tP CITY-ST-ZIP Addition TITLE Change 11116 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-70P CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C) 17 - S1 - ZIP CITY ST-712 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 applicable.

aren Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

President 4/24/05

FILED