

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # J36187

1. Entity Name
K L J, INC.



Principal Place of Business

4529 GRAND BLVD
NEW PORT RICHEY, FL 34652

Mailing Address

PO BOX 489
NEW PORT RICHEY, FL 34656-0489

DO NOT WRITE IN THIS SPACE



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2720432

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHRISTOPHER A.
5711 WESTSHORE DR.
NEW PORT RICHEY, FL 34652

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD
NAME HEARN, JAMES R
STREET ADDRESS 2824 COBBLESTONE DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34634

TITLE PD
NAME SMITH, CHRISTOPHER A.
STREET ADDRESS 5711 WESTHORE DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE STD
NAME BELMONT, DOUGLAS C.
STREET ADDRESS 10040 DOE CT
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000739701
05/14/07-80037-024 150.00

**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

CHRISTOPHER A Smith 4/18/07 727 847-1323

Date

Daytime Phone #