

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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



02172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000924455
05/19/08-80002-006 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

3/11/08

Daytime Phone #

727-847-1323