



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90015 020 \*\*\*150.00

<b>DOCUMENT # K51200</b> 1. Entity Name <b>KLEIN INVESTMENTS, INC.</b>					
Principal Place of Business <b>2049 W CENTRAL BLVD</b> <b>ORLANDO, FL 32805 US</b>			Mailing Address <b>2049 W CENTRAL BLVD</b> <b>ORLANDO, FL 32805 US</b>		
2. Principal Place of Business <i>2302 Mercator Dr</i> Suite, Apt. #, etc. <i>Suite #102</i> City & State <i>ORLANDO, FL</i>		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip <i>32807</i>		Country		01292004      Chg-P      CR2E034 (10/03)	
4. FEI Number <b>65-0084657</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KLEIN, LARRY J</b> <b>2049 W CENTRAL BLVD</b> <b>ORLANDO, FL 32805</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>2302 Mercator Dr</i> <i>#102</i> City <i>ORLANDO</i> <b>FL</b> Zip Code <i>32807</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KLEIN, LARRY J.</b> <b>2050 ST. GEORGE AVE.</b> <b>WINTER PARK, FL</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>LARRY KLEIN, PRESIDENT</i> <i>1/29/04 (407) 478-0627</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					