

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90057 013 ***150.00

DOCUMENT # K93502

1. Entity Name

KLEINSTUB, INC.



Principal Place of Business

607 NORTHBRIDGE DRIVE
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

P.O. BOX 161505
ALTAMONTE SPRINGS FL 32716-1505
US



2. Principal Place of Business - No P.O. Box #

607 NORTHBRIDGE DR.

Suite, Apt. #, etc.

3. Mailing Address

PO. BOX 161505

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ALTAMONTE SPRINGS FL.

City & State

ALTAMONTE SPGS FL

4. FEI Number

59-2953974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32714-1828

Country

USA

Zip

32716-1505

Country

USA

6. Name and Address of Current Registered Agent

KLEINSTUB, MARSHA
607 NORTHBRIDGE DR.
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
MARSHA KLEINSTUB

Street Address (P.O. Box Number is Not Acceptable)

607 NORTHBRIDGE DR

CITY
ALTAMONTE SPRINGS

FL Zip Code
32714

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 - applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KLEINSTUB, MARSHA	
STREET ADDRESS	607 NORTHBRIDGE DRIVE	
CITY- ST- ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	B	<input type="checkbox"/> Delete
NAME	KLEINSTUB, BERNARD	
STREET ADDRESS	607 NORTH BRIDGE DR	
CITY- ST- ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, DEBRA	
STREET ADDRESS	4623 W LEONA ST	
CITY- ST- ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marsha Kleinstub* - MARSHA KLEINSTUB

2/1/07

407-295-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #