2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State
02-26-2008 90009 038 ***150.00

DOCUMENT # K93502

1. Entity Name
KLEINSTUB, INC.

Principal Place of Business	Mailing Address
607 NORTHBRIDGE DRIVE ALTAMONTE SPRINGS FL 32714 US	P.O. BOX 161505 ALTAMONTE SPRINGS FL 32716-1505 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4141 BAYSHORE BLVD		PO BOX 18084	
Suite, Apt. #, etc.: APT 1205		Suite, Apt. #, etc.:	
City & State: TAMPA, FLORIDA		City & State: TAMPA FL.	
Zip: 33611-1802	Country: USA	Zip: 33679-8084	Country: USA

4. FEI Number 59-2953974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEINSTUB, MARSHA
~~607 NORTHBRIDGE DR.~~ 4141 BAYSHORE BLV
~~ALTAMONTE SPRINGS FL 32714~~ APT 1205
TAMPA, FL 33611-1802

7. Name and Address of New Registered Agent

Name: KLEINSTUB, MARSHA
Street Address (P.O. Box Number is Not Acceptable): 4141 BAYSHORE BLV APT 1205
City: TAMPA FL FL Zip Code: 33611-1802

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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEINSTUB, MARSHA 607 NORTHBRIGE DRIVE ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEINSTUB MARSHA 4141 BAYSHORE BLV. APT 1205 TAMPA, FL 33611-1802	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B KLEINSTUB, BERNARD 607 NORTH BRIDGE DR ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B KLEINSTUB, BERNARD 4141 BAYSHORE BLV. #1205 TAMPA, FL 33611-1802	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 2/15/08 (813) 835-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #