

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003106

1. Entity Name
KLEIN FOR CONGRESS, INC.



Principal Place of Business
21301 POWERLINE RD., STE. 204
BOCA RATON, FL 33433-2390

Mailing Address
21301 POWERLINE RD., STE. 204
BOCA RATON, FL 33433-2390



01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-2558110

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCURRY, WILLIAM P.
21301 POWERLINE RD., STE. 204
BOCA RATON, FL 33433-2390

**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 re-instating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KLEIN, RON
STREET ADDRESS	21301 POWERLINE RD., STE. 204
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	T
NAME	MCCURRY, WILLIAM P
STREET ADDRESS	21301 POWERLINE RD., STE 204
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000586611
01/16/07-80059-020 61.25

**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 617, 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:

William P. McCurry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07
Date

Daytime Phone #