

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90017 028 ***150.00

DOCUMENT # P00000020040

1. Entity Name
SHARON S. KLINGLESMTIH, INC.



Principal Place of Business
**LANDMARK REALTY
1227 SOUTH PATRICK
SATELLITE BEACH, FL 32937**

Mailing Address
**655 ANDERSON CT
SATELLITE BEACH, FL 32937**

94051923



2. Principal Place of Business
655 ANDERSON CT
Suite, Apt. #, etc.
SATELLITE Bch., Fl.
City & State

3. Mailing Address
655 ANDERSON CT
Suite, Apt. #, etc.
SATELLITE Bch., Fl.
City & State

04022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3625054

Applied For
Not Applicable

Zip
32937 County
BREVARD

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

6. Name and Address of Current Registered Agent

**KLINGLESMTIH, SHARON S
655 ANDERSON CT
SATELLITE BEACH, FL 32937**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
KLINGLESMTIH, SHARON S
655 ANDERSON CT
SATELLITE BEACH, FL 32937** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
KLINGLESMTIH, EDWARD
655 ANDERSON CT
SATELLITE BEACH, FL 32937** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
KLINGLESMTIH, EDWARD
655 ANDERSON CT
SATELLITE BEACH, FL 32937** ☐ Delete

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KLINGLESMTIH, SHARON
655 ANDERSON CT
SATELLITE BEACH, FL 32937** ☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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STREET ADDRESS
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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 use empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/04