

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000020040	
1. Entity Name SHARON S. KLINGLESMTIH, INC.	

Principal Place of Business 655 ANDERSON CT. SATELLITE BEACH FL 32937	Mailing Address 655 ANDERSON CT. SATELLITE BEACH FL 32937
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3625054** Applied For
Not Applicable

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
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P KLINGLESMTIH, SHARON S 655 ANDERSON CT SATELLITE BEACH FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete VP KLINGLESMTIH, EDWARD 655 ANDERSON CT SATELLITE BEACH FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete S KLINGLESMTIH, EDWARD 655 ANDERSON CT SATELLITE BEACH FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete T KLINGLESMTIH, SHARON 655 ANDERSON CT SATELLITE BEACH FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U000000460842 03/20/06-80027-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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: *Sharon S. Klinglesmith Inc* 2/28/06 321 777-822