

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CHK

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90013 020 ***150.00

DOCUMENT # P00000020040

1. Entity Name

SHARON S. KLINGLESMTIH, INC.



Principal Place of Business

Mailing Address

~~655 ANDERSON CT.~~
~~SATELLITE BEACH FL 32937~~

~~655 ANDERSON CT.~~
~~SATELLITE BEACH FL 32937~~

2758 Bradford Dr.
Melbourne, Fl. 32904 SAME

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

3. Mailing Address

2758 BRADFORD, DR 2758 BRADFORD, DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

MELBOURNE, FL.

City & State

MELBOURNE, FL.

4. FEI Number

59-3625054

Applied For

Not Applicable

Zip

Country

32904 USA

Zip

Country

32904 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINGLESMTIH, SHARON S

~~655 ANDERSON CT~~

~~SATELLITE BEACH FL 32937~~

2758 Bradford Dr.
Melbourne, Fl. 32904

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME 2758 Bradford Dr.
STREET ADDRESS Melbourne, Fl. 32904
CITY-STATE-ZIP

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

TITLE ☒ Change ☐ Addition
NAME 2758 Bradford Dr.
STREET ADDRESS Melbourne, Fl. 32904
CITY-STATE-ZIP

TITLE S
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Sharon Klinglesmith

March 7, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #