2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000043831

1. Entity Name
JOHN KLATT PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
6941 S.W. 6TH STREET PEMBROKE PINES, FL 33023	6941 S.W. 6TH STREET PEMBROKE PINES, FL 33023

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E094 (11/05)

4. FEI Number
65-1005099
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLATT, JOHN
6941 S.W. 6TH STREET
PEMBROKE PINES, FL 33023

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DRT
NAME	KLATT, JOHN
STREET ADDRESS	6941 S.W. 6TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	DVS
NAME	KLATT, FRANCES M
STREET ADDRESS	6941 SW 6TH STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/06-80034-010 150.00

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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 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: Frances M. Klatt Vice President 4/27/06 954 961 4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #