

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000011431

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** RENEE RICHARDSON KLING, P.A.

**Current Principal Place of Business:**

1530 DOLPHIN ST.  
UNIT 4  
SARASOTA, FL 34236

**New Principal Place of Business:**

1815 E. LEEWYNN DR.  
SARASOTA, FL 34240

**Current Mailing Address:**

2259 SHADOW WOOD LANE  
SARASOTA, FL 34240

**New Mailing Address:**

1815 E. LEEWYNN DR.  
SARASOTA, FL 34240

**FEI Number:** 59-3696351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLING, RENEE R  
2259 SHADOW WOOD LANE  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

KLING, RENEE R  
1815 E. LEEWYNN DR.  
SARASOTA, FL 34240 US

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.

**SIGNATURE:** RENEE RICHARDSON KLING

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** KLING, RENEE R  
**Address:** 1815 E. LEEWYNN DR.  
**City-St-Zip:** SARASOTA, FL 34240

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** RENEE RICHARDSON KLING

PSTD

04/30/2011

Electronic Signature of Signing Officer or Director

Date