

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035879

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: KLB GROUP DEVELOPER INC.

## Current Principal Place of Business:

2531 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 6364  
TALLAHASSEE, FL 313146364

## New Mailing Address:

FEI Number: 02-0553508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARBER, KENNETH  
2531 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BARBER, KENTRYCE L  
Address: 2531 SOUTH ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD ( ) Delete  
Name: HAZEL, OWNES  
Address: 2909 PONTIAC DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: GLENN, LU BENNIE  
Address: 1326 COLORADO  
City-St-Zip: TALLAHASSEE, FL 32304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENTRYCE L BARBER

PD

04/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date