

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90092 025 ***158.75

DOCUMENT # P02000052867	
1. Entity Name KLAS VENTURES INC	



Principal Place of Business 9340 NW 24TH ST SUNRISE, FL 33322	Mailing Address 9340 NW 24TH ST SUNRISE, FL 33322
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2. Principal Place of Business 3101 Oakridge Rd.	3. Mailing Address 3101 Oakridge Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DeFuniak Spgs, FL	City & State DeFuniak Spgs, FL
Zip 32433	Zip 32433
Country Walton	Country Walton



04142004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WERNLUND, ALYSSA 9340 NW 24TH ST SUNRISE, FL 33322	
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7. Name and Address of New Registered Agent Name Wernlund, Alyssa Street Address (P.O. Box Number is Not Acceptable) 3101 Oakridge Rd City DeFuniak Spgs FL Zip Code 32433	
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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 Alyssa Wernlund <small>Signature, typed or printed name of registered agent and title, if applicable.</small>	DATE 4/14/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, STEVEN 9340 NW 24TH ST SUNRISE, FL, 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, STEVEN 3101 Oakridge Rd DeFuniak Spgs, FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WERNLUND, ALYSSA 9340 NW 24TH ST SUNRISE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WERNLUND, ALYSSA 3101 Oakridge Rd DeFuniak Spgs, FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 STEVEN MOSS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/14/04 <small>Date</small>

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