

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90272 017 ***150.00

DOCUMENT # P02000068115

1. Entity Name

MICHAEL A. KLEINRICHERT, P.A.



Principal Place of Business

115 WATERVIEW WAY
ROYAL PALM BEACH, FL 33411

Mailing Address

115 WATERVIEW WAY
ROYAL PALM BEACH, FL 33411

50005834



2. Principal Place of Business

126 CYPRESS CRESCENT

3. Mailing Address

126 CYPRESS CRESCENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112006

Chg-P

CR2E034 (11/05)

City & State

ROYAL PALM BEACH, FL

City & State

ROYAL PALM BEACH, FL

4. FEI Number

43-1985504

Applied For

Not Applicable

Zip
33411

Country

Zip
33411

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEINRICHERT, MICHAEL A
115 WATERVIEW WAY
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name
KLEINRICHERT, MICHAEL A.

Street Address (P.O. Box Number is Not Acceptable)

126 CYPRESS CRESCENT

City
ROYAL PALM BEACH

FL

Zip Code
33411

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-06

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
NAME
D
KLEINRICHERT, MICHAEL A
STREET ADDRESS
115 WATERVIEW WAY
CITY-ST-ZIP
ROYAL PALM BEACH, FL 33411 ☐ Delete

TITLE
NAME
D
KLEINRICHERT, KAREN E
STREET ADDRESS
115 WATERVIEW WAY
CITY-ST-ZIP
ROYAL PALM BEACH, FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
KLEINRICHERT, MICHAEL A. ☒ Change ☐ Addition
STREET ADDRESS
126 CYPRESS CRESCENT
CITY-ST-ZIP
ROYAL PALM BEACH, FL 33411

TITLE
NAME
D
KLEINRICHERT, KAREN E. ☒ Change ☐ Addition
STREET ADDRESS
126 CYPRESS CRESCENT
CITY-ST-ZIP
ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-06

301-795-

9785