## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P0200068115 1. Entity Name MICHAEL A. KLEINRICHERT, P.A.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

126 CYPRESS CRESCENT ROYAL PALM BEACH, FL 33411 Mailing Address

126 CYPRESS CRESCENT ROYAL PALM BEACH, FL 33411



03122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 43-1985504 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEINRICHERT, MICHAEL A 126 CYPRESS CRESCENT ROYAL PALM BEACH, FL 33411

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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 Signature, typed or printed name of registered agent and trite if applicable. (NOTE: Registered Ag				required when reinstating)	DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINRICHERT, MICHAEL A 126 CYPRESS CRESCENT ROYAL PALM BEACH, FL 33411	•	i : :		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINRICHERT, KAREN E 126 CYPRESS CRESCENT ROYAL PALM BEACH, FL 33411		-		U00000679175 04/03/07-80026-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			

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:

& Klus

3/23/07

561-795,9795

Phone #