


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90051 043 \*\*\*150.00

<b>DOCUMENT # P02000120504</b>	
1. Entity Name JJ KLEIN COMPANY, INC.	

Principal Place of Business 2818 COVENTRY DRIVE SARASOTA, FL 34231	Mailing Address 2818 COVENTRY DRIVE SARASOTA, FL 34231
--	--

2. Principal Place of Business - No P.O. Box # <b>842 DAHOON CIRCLE</b>	3. Mailing Address <b>842 DAHOON CIRCLE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>VENICE FL</b>	City & State <b>VENICE FL</b>
Zip <b>34293</b>	Zip <b>34293</b>
Country <b>USA</b>	Country <b>USA</b>

**40020032**



02052007 Chg-P CR2E034 (12/06)

4. FEI Number 74-3068218	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent	
KLEIN, BRETT 5855 MIDNIGHT PASS RD #411 SARASOTA, FL 34242	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>2818 COVENTRY DRIVE</b>	
City <b>SARASOTA</b>	Zip Code <b>FL 34293</b>

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 _____	DATE _____
-----------------	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KLEIN, PETER 2818 COVENTRY DRIVE SARASOTA, FL 34231</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/T ELKHEART, PALLAS 2818 COVENTRY DRIVE SARASOTA, FL 34231</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>842 DAHOON CIRCLE VENICE, FL 34293</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>842 DAHOON CIRCLE VENICE, FL 34293</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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.

<b>SIGNATURE:</b> <i>Pallas Elkheart</i> <b>PALLAS ELKHEART</b>	<b>2/14/07</b>	<b>941-493-7225</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>