

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000125505

1. Entity Name
JON L. KLINE CARPENTRY, INC.



Principal Place of Business
**3770 CORD AVE
SAINT CLOUD, FL 34772**

Mailing Address

**3770 CORD AVE
SAINT CLOUD, FL 34772**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**KLINE, JON L
500 16TH STREET
ST CLOUD, FL 34769**

Name **MORRIS, STEPHEN L.**

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

3770 CORD AVE.

City **ST. CLOUD**

FL **34772**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Stephen L. Morris

8/23/06

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P KLINE, JON L 500 16TH STREET ST CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete	TITLE STEPHEN L. MORRIS 3770 CORD AVE. ST. CLOUD, FL 34772
TITLE	VP MORRIS, STEPHEN L 1590 EAST 10TH STREET ST CLOUD, FL 34769	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	ST GLOVER, WALLACE E 1423 VIRGINIA AVE ST CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME

Stephen L. Morris

DATE

407-908-2033

DAYTIME PHONE#