


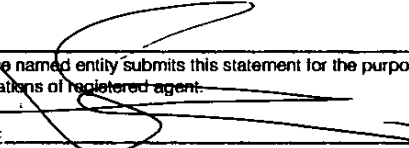



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90001 031 ***550.00

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 08232006 Chg-P CR2E034 (11/05)			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 51-0436764		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 08232006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent KLINE, JON L 500 16TH STREET ST CLOUD, FL 34769						7. Name and Address of New Registered Agent Name MORRIS, STEPHEN L. Street Address (P.O. Box Number is Not Acceptable) 3770 CORD AVE. City ST. CLOUD FL Zip Code 34772	
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  STEPHEN L. MORRIS DATE 8/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						 08232006 Chg-P CR2E034 (11/05)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLINE, JON L 500 16TH STREET ST CLOUD, FL 34769 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHEN L. MORRIS 3770 CORD AVE. ST. CLOUD, FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, STEPHEN L 1590 EAST 10TH STREET ST CLOUD, FL 34769 <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	ST GLOVER, WALLACE E 1423 VIRGINIA AVE ST CLOUD, FL 34769 <input checked="" 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				
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 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:  **STEPHEN L. MORRIS** DATE **8/23/06** DAYTIME PHONE # **407-908-2033**
SIGNATURE AND TYPED OR PRINTED NAME