## ~2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** Mar 26, 2007 08:00 A **Secretary of State** DOCUMENT # P03000012353 CLAUDIA B. KLUG INC Principal Place of Business Mailing Address 595 HERNANDO DR 595 HERNANDO DR MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 03192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1170047 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KLUG, CLAUDIA B DO NOT WRITE 595 HERNANDO DR MARCO ISLAND, FL. 34145 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PSD NAME KLUG, CLAUDIA B STREET ADDRESS 595 HERNANDO DR. CITY-ST-ZIP MARCO ISLAND, FL 34145 NAME STREET ADDRESS 04/03/07-20002-006 150,00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling 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.

\*\*Claudia 13.\*\* \*\*Luight\*\*

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\*\*Total 11 in the information 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.

\*\*Claudia 23.\*\* \*\*Luight\*\*

\*\*Claudia 3.\*\* \*\*Luight\*\*

\*\*Claudia 4.\*\* \*\*Luight\*\*

\*\*Total 24.\*\* \*\*Luight\*\*

\*\*Total

SIGNATURE.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> laudia B. Klug PS D SIGNATURE AND TYPED OR PRINTED NAME OF SIGNUNG OFFICER OR DIRECTOR

3-20-07 (239) 394-0987

**FILED**