

2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/8/2005-90024-049-\$150.00-\$150.00

DOCUMENT # P03000028968

1. Entity Name
KLEMENTO, INC.



Principal Place of Business
1630 AVOCA PLACE
JACKSONVILLE, FL 32207

Mailing Address
1630 AVOCA PLACE
JACKSONVILLE, FL 32207

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

CRABTREE, R.R.
8777 SAN JOSE BOULEVARD,
BUILDING A, SUITE 200
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name J. E. Klement
Street Address (P.O. Box Number is Not Acceptable)
1630 AVOCA PL
City JAX FL Zip Code 32207

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME KLEMENT, JAMES E
STREET ADDRESS P.O. BOX 1842
CITY-ST-ZIP JACKSONVILLE, FL 32201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME KLEMENT, KATHERINE M
STREET ADDRESS P.O. BOX 1842
CITY-ST-ZIP JACKSONVILLE, FL 32201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 NOV 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
06302005 Chg-P CR2E034 (10/03) 05

4. FEI Number
20-1275410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7/5/05

Reinstatement Fee waived
due to vendor error.

11/22/05

7/5/05

TAX ADVANTAGE

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

November 17, 2005

Division of Corporations
Post Office Box 1500
Tallahassee, FL 32314

Re: Klemento, Inc.
2005 Uniform Business Report
Document #: P03000028968

Dear Sir or Madam:

We are in receipt of your letter dated July 12, 2005 and disagree with your findings. The Taxpayer never received the 2005 renewal notice. The appropriate box was marked before downloading the form. Please see highlighted section listing fee as \$150.00 and due date being September 7, 2005. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures: Letter dated July 12, 2005.