

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000053413

1. Entity Name
KLASSIX PLUS INC.



Principal Place of Business
**980 18TH AVE SW
VERO BEACH, FL 32962 US**

Mailing Address
**12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455 US**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0053482

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNAMARA, MATTHEW C
12825 SE SUZANNE DRIVE
HOBESOUND, FL 33455**

**DO NOT WRITE
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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCNAMARA, LAWRENCE W III
STREET ADDRESS	12825 SE SUZANNE DRIVE
CITY-ST-ZIP	HOBESOUND, FL 33455
TITLE	VP
NAME	MCNAMARA, MATTHEW C
STREET ADDRESS	10538 SAN TRAVASO DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S
NAME	SHOFF, TAMMY
STREET ADDRESS	16705 130TH AVE N
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/07-80051-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/07

772-263-9316