

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000148214

1. Entity Name
BILL KLOSTERMANN ELECTRICAL, INC.



Principal Place of Business
2549 W OZARK RD
AVON PARK, FL 33825

Mailing Address
2549 W OZARK RD
AVON PARK, FL 33825



DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0504699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIVINGSTON, ROBERT E
445 S COMMERCE AVE
SEBRING, FL 33870

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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, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KLOSTERMANN, WILLIAM F
2549 W OZARK RD
AVON PARK, FL 33825

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William F. Klostermann* William F. Klostermann 20 April 2005 863 453 7309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #