

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 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



04282006

No Chg-P

CR2E034 (11/05)

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**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/15/06-80026-021 150.00

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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: *William F Klostermann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F Klostermann 28 April 06 8634537309

Date

Daytime Phone #