



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90283 022 \*\*\*150.00

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # P04000012514</b><br>1. Entity Name<br><b>KLINGNER, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>2166 N. DIXIE HIGHWAY<br/>BOCA RATON, FL 33431</b>  |  |  |  | Mailing Address<br><b>2166 N. DIXIE HIGHWAY<br/>BOCA RATON, FL 33431</b>   |  |
| 2. Principal Place of Business<br><b>2840 NE 14<sup>th</sup> STREET</b><br>Suite, Apt. #, etc.<br><b>#403A</b>  |  | 3. Mailing Address<br><b>2840 NE 14<sup>th</sup> STREET</b><br>Suite, Apt. #, etc.<br><b>#403A</b> |  |    |  |
| City & State<br><b>Pompano Beach, FL</b>  |  | City & State<br><b>Pompano Beach, FL</b>   |  | 4. FFL Number<br><b>20-0608439</b>   |  |
| Zip<br><b>33062</b>   |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DEBBIE K. GOLDBERG, CPA<br/>6278 N. FEDERAL HIGHWAY, PMB 295<br/>FORT LAUDERDALE, FL 33308</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Derek Shiba</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>551 SE 13 STREET</b><br>City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33060</b> |  |
| 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.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>Debi Shiba</b><br/>           SIGNATURE         </div> <div style="width: 40%; text-align: right;"> <b>3-11-05</b><br/>           DATE         </div> </div>   |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div style="width: 40%;">           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br><b>P</b><br>NAME<br><b>KLINGNER, TROY</b><br>STREET ADDRESS<br><b>2840 N.E. 14TH STREET, UNIT 403A</b><br>CITY-ST-ZIP<br><b>POMPAHO BEACH, FL 33062</b>  | <input type="checkbox"/> Delete            |  | TITLE<br><b>VP</b><br>NAME<br><b>Blanca Klingner</b><br>STREET ADDRESS<br><b>2840 NE 14<sup>th</sup> ST #403A</b><br>CITY-ST-ZIP<br><b>Pompano Beach, FL 33062</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br><b>VP</b><br>NAME<br><b>KLINGNER, TODD</b><br>STREET ADDRESS<br><b>2840 N.E. 14TH STREET, UNIT 403A</b><br>CITY-ST-ZIP<br><b>POMPAHO BEACH, FL 33062</b>   | <input checked="" type="checkbox"/> Delete |  |  |  |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete            |  |  |  |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete            |  |  |  |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete            |  |  |  |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete            |  |  |  |  |
| 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: <b>Troy Klingner</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  | <b>3-11-05 (954) 478-0733</b><br>Date Daytime Phone #  |  |  |