

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2008 08:00 AM
Secretary of State**

DOCUMENT # P04000148594

1. Entity Name
KLASS ASSOCIATES, INC.



Principal Place of Business
**16326 GULF BLVD
SUITE 300
REDINGTON BEACH, FL 33708**

Mailing Address
**16326 GULF BLVD
SUITE 300
REDINGTON BEACH, FL 33708**



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0131374

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KIASS, CHARLES P.
16326 GULF BLVD
SUITE 300
REDINGTON BEACH, FL 33708**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000912238
05/07/08-20073-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KLASS, CHARLES P.
16326 GULF BLVD SUITE 300
REDINGTON BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
KEMMERE-KLASS, CAROL
16326 GULF BLVD SUITE 300
REDINGTON BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: ✓ Charles P. Klass - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2008 727-395-9435

Date

Daytime Phone #