

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000038530

1. Entity Name
KLEIN ABER FEIN, INC.



FILED

06 FEB 20 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
516 SW CAMDEN AVE.
STUART, FL 34994

Mailing Address
516 SW CAMDEN AVE.
STUART, FL 34994

#150.00



2. Principal Place of Business

48 SE Osceola St.

3. Mailing Address

48 SE Osceola Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142006

Chg-P

CR2E034 (11/05)

Ob

City & State

Stuart FL.

City & State

Stuart, FL.

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
34994

Country
USA

Zip
34994

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, WILLIAM D JR.
516 SW CAMDEN AVE.
STUART, FL 34994

48 SE Osceola St.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
NAME
D ANDERSON, WILLIAM D JR.
STREET ADDRESS
516 SW CAMDEN AVE. 48 SE Osceola St.
CITY-ST-ZIP
STUART, FL 34994

☐ Delete

TITLE
NAME
Dennis Harrell
STREET ADDRESS
48 SE Osceola St.
CITY-ST-ZIP
STUART, FL 34994

☐ Delete

TITLE
NAME
D Stockholder
STREET ADDRESS
616 W Ward
CITY-ST-ZIP
48 SE Osceola St.
STUART, FL 34994

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100066556081
02/24/06--01012--030 **250.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 *

2/15/06

772-283-2411