2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045897

Entity Name: THE KLARKOWSKI GROUP, INC

FILED Sep 01, 2007 Secretary of State

Littly Nai	HE. THE REARROWSKI GROOF, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
6245- BOBBY JONES CT. PALMETTO, FL 34221		6245 BOBBY JONES C PALMETTO, FL 34221	6245 BOBBY JONES CT. PALMETTO, FL 34221	
Current M	ailing Address:	New Mailing Address	New Mailing Address:	
6245- BOE PALMETTO	BBY JONES CT. O, FL 34221	6245 BOBBY JONES C PALMETTO, FL 34221	CT.	
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
6617-27 A	WSKI, DONALD F .VE. DR. W. ON, FL 34209 US	6617- 27TH AVE. DR. \	KLARKOWSKI, DONALD F 6617- 27TH AVE. DR. W. BRADENTON, FL 34209 US	
	named entity submits this statement for the e of Florida.	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: DON KLARKOWSKI			09/01/2007	
	Electronic Signature of Registered Ag	gent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation did r	not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete KLARKOWSKI, DONALD F 6245- BOBBY JONES CT. PALMETTO, FL 34221	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () Delete KLARKOWSKI, HOLLY 6245- BOBBY JONES CT. PALMETTO, FL 34221	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY KLARKOWSKI ST 09/01/2007