## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 21, 2006 8:00 am Secretary of State DOCUMENT # P05000074387 04-21-2006 90121 005 \*\*\*150.00 KLC CONSTRUCTION, INC. Principal Place of Business Mailing Address 1636 JUSTIC RD. P.O. BOX 366 UUUTIINN COTTONDALE, FL 32431 COTTONDALE, FL 32431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 56 - 2515258 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAUSER, CHRISTOPHER J 1636 JUSTIC RD. Street Address (P.O. Box Number is Not Acceptable) COTTONDALE, FL 32431 City 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 prints (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.SE TITLE ☐ Delete TITLE ☐ Addition NAME KRAUSER, CHRISTOPHER J NAME 1310 S.W. 27TH PLACE 1636 Justic Rd. Cottondale, Fl. 32431 STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-ZIP CITY-ST-ZIP VP TITLE ☐ Delete TITLE Change ☐ Addition BAILEY, DERLE B JR. NAME NAME 1696 NW 106th Ct. Ocala, FL 34482-9533 STREET ADDRESS P.O. BOX 126 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACG, FL 33425 CITY-ST-ZIP TITLE Delete IIILE Change ☐ Addition NAME KRAUSER, LINDA NAME STREET ADDRESS 1310 S.W. 27TH PLACE 1636 Justic Rd. Cottondale FL STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

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