

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90090 050 ***150.00

DOCUMENT # P05000113979

1. Entity Name
HOLIDAY CLOWNS, INC.



Principal Place of Business
29600 HIGHWAY 27
LAKE HAMILTON FL 33851
US

Mailing Address
~~29600 HIGHWAY 27~~
P.O. BOX 399
LAKE HAMILTON FL 33851
US



2. Principal Place of Business - No P.O. Box #

Will Have New

3. Mailing Address

P.O. Box 399

Suite, Apt., etc.

Address - Send

Suite, Apt., etc.

City & State

FORMS TO Fill Out

City & State

LAKE HAMILTON, FL.

Zip

Country

Zip

33851

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-1143067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, JACK J
29600 HIGHWAY 27
LAKE HAMILTON FL 33851

7. Name and Address of New Registered Agent

Name *JACK J. Klein*

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

522 Cody Cabel Drive

City

WINTER HAVEN

FL

Zip Code

33884

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

JACK J. Klein Pres. Jack J. Klein

2/28/07

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.S.
KLEIN, JACK J
29600 HIGHWAY 27, P.O. BOX 399
LAKE HAMILTON FL 33851 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
LEVINE, BRENDA E
8520 NW 49TH STREET
LAUDERHILL FL 33351 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JACK J. Klein
P.O. BOX 399
LAKE HAMILTON, FL. 33851 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V. Pres.
JACK J. Klein
P.O. BOX 399
LAKE HAMILTON, FL. 33851 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
JACK J. Klein
P.O. BOX 399
LAKE HAMILTON, FL. 33851 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
JACK J. Klein
P.O. BOX 399
LAKE HAMILTON, FL. 33851 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jack J. Klein President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07

863-242-9050

DATE

Daytime Phone #