## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P05000145726



## **FILED** Apr 18, 2007 8:00 am Secretary of State

KJL PROPERTIES INC.						04-18-2007 90	195 027 '	***150.00	0	
Principal Place of Business Mailing Address						1				
3458 OLD KEYSTONE RD		34	3458 OLD KEYSTONE RD							
TARPON SPRINGS, FL 34688			TARPON SPRINGS, FL 34688			1				
						1 1981(981 10 8)	ELEK CIKIR GERIN GERRI ADAL	EL NIBIN ECNAL SIGN		
2. Principal Place of Business - No P.O. Box #		×# 3. M	3. Mailing Address							
Suite, Apt. #, etc.		Sı	uite, Apt. #, etc.			04112007	Chg-P	CR2E03	34 (12/06)	
City & State			ty & State ·			4. FEI Number Applied For 20-3707149 Not Applicable				
Zip	Country	Country Zip Cou		Coun	ntry				8.75 Add ee Required	
6. Name and Address of Current R			gistered Agent			7. Name and A	ddress of New R			-
		Name				<del>-</del>				
BOLEK, RICHARD A					Street Address (P.O. Box Number is Not Acceptable)					
6137 ROCKDESS AVE NEW PORT RICHEY, FL 34655					6/3	7. O. Box Number is Not Acceptable) 7. ROCKROSS AUE.				
					City		···	FL	Zip Code	e
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 Softenue, typed or printed nervise of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	signature, lyped or printed name of regist	ered agent and the ir a	appiicable. (NO)	E: Hegistere	ed Agent signature require	d when reinstating)		DĂTE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND DIRECTORS 1					ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	P P P P P P P P P P P P P P P P P P P		☐ Delete	TITE					☐ Change	☐ Addition
name Street address	LICHTENBERG, KARL 3458 OLD KEYSTONE R	D		NAM STRE	re Eet address					
CITY-ST-ZIP	TARPON SPRINGS, FL				/-ST-ZIP					
TITLE	VP		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME	LICHTENBERG, JUANITA			NAM	-					
STREET ADDRESS CITY-ST-ZIP	3458 OLD KEYSTONE R TARPON SPRINGS, FL				EET ADDRESS (-ST-ZIP					
TITLE	TARFOR SPRINGS, FE	34000	☐ Delete	TITL					Change	☐ Addition
NAME			L Delete	NAM					☐ Cuande	☐ MOULIUH
STREET ADDRESS				STRE	EET ADDRESS					
CITY-ST-ZIP				CITY	Y-ST-ZIP					
TITLE			☐ Delete	TITL					Change	Addition
NAME Street Address				NAM STRI	EET ADDRESS					
CITY-ST-ZIP				•	r-ST-ZIP					
TITLE			☐ Delete	TITL	E				☐ Change	Addition
NAME	`			NAM	AE .					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS 7-ST-ZIP					
TITLE	<u>-</u>			-		***			☐ Change	☐ Addition
NAME	:		☐ Delete	TITL					☐ Change	L. Addition
				STRI	EET ADDRESS					
STREET ADDRESS										1
STREET ADDRESS CITY-ST-ZIP				CITY	/-ST-ZIP					
CITY-ST-ZIP	certify that the information supplementa	olied with this filing the port is true an	ng does not qualify f			ed in Chapter 119, s same legal effect	Florida Statutes. I	further certi	fy that the is	nformation or director
CITY-ST-ZIP	certify that the information supplementary this report or supplementary reporation or the receiver or true, or on an attachment with an a	olied with this filli I report is true an tee empowered address, with all-	ng does not qualify f nd accurate and that to execute this report that like sections:			ed in Chapter 119, s same legal effect 07, Florida Statutes	Florida Statutes. I as if made under o ; and that my name	further certing that I are appears in	fy that the it m an officer i Block 10 or	nformation or director r Block 11 if
CITY-ST-ZIP	d on this report or supplemental rooration or the receiver or true i, or on an attachment with an a	olied with this filli I report is true an tee empowered address, with all	ng does not qualify f and accurate and that to execute this repor- office like and one			ed in Chapter 119, same legal effect 07, Florida Statutes	Florida Statutes. I as if made under o ; and that my name	further certi oath; that I a e appears in	fy that the in m an officer i Block 10 or	nformation or director r Block 11 if