## 2007 FOR PROFIT CORPORATION

## FILED Mar 19, 2007 8:00 am **Secretary of State**

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ANNUAL REPORT	
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DOCUMENT # D06000070150	

SIGNATURE AND TYPED OF

OCUMENT # P06000079150 JOHN KLEYWEGT ELECTRICAL CONTRACTORS, INC. 444001224 Principal Place of Business Mailing Address 121 ROSEWOOD CIRCLE 121 ROSEWOOD CIRCLE JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02262007 Applied For City & State City & State 4. FEI Number *20-5*033108 Not Applicable Zip Country Country Zip \$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 DESORMIER-CARTWRIGHT, ANNE ESQ Street Address (P.O. Box Number is Not Acceptable) 480 MAPLEWOOD DRIVE SUITE A-3 JUPITER, FL 33458 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 SIGNATURE. Signature, typed or printed name of impleheed agent and title if applicable (NOTE: Registered Agent aignature required when reinstitting) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing  $\Box$ Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition KLEYWEGT, JOHN NAME STREET ADDRESS 121 ROSEWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Addition TREA TITLE ☐ Change TITLE ☐ Delete KLEYWEGT, JOHN NAME NAME STREET ADDRESS 121 ROSEWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE KLEYWEGT, JOHN NAME MALIE 121 ROSEWOOD CIRCLE STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

OFFICER OR DIRECTOR

Date

Daverse Phone #