

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008025

FILED
Apr 08, 2008
Secretary of State

Entity Name: DOREEN KLINE PHOTOGRAPHY INC.

Current Principal Place of Business:

14841 CRYSTAL COVE CT.
1902
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

14841 CRYSTAL COVE CT.
1902
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KLINE, DOREEN
14841 CRYSTAL COVE CT.
1902
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLINE, DOREEN
Address: 14841 CRYSTAL COVE CT. # 1902
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: KLINE, DAVID
Address: 14841 CRYSTAL COVE CT. # 1902
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: KLINE, DAVID
Address: 14841 CRYSTAL COVE CT. # 1902
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: KLINE, DOREEN
Address: 14841 CRYSTAL COVE CT. # 1902
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOREEN KLINE

P

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date