2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2008 8:00 am Secretary of State

DOCUMENT # P07000117639 1. Entity Name KLT INSURANCE ENTERPRISES, INC.									04-17-2	008 9003	34 024 *	**150.00
				Mailing Address								
1217 MURRAY DRIVE JACKSONVILLE, FL 32205				1217 MURRAY DRIVE JACKSONVILLE, FL 32205				66010		FBIBT II TU MANL	talia arina gira	1 91116 1 (1 1811
2. Principal Place of Business - No P.O. Box # 3.				. Mailing Address								
Suite, Apt. #, etc.				uite, Apt. #, etc.			02272008	Chg-P	CR2E	034 (12/06)		
City & State				ity & State			26-1315558 Noi App			oplied For of Applicable		
Zip Country			Z	Zip Country				5. Certificate of	of Status Desired		\$8.75 Ac Fee Requir	
Name and Address of Current Registered Agent						Name	_	7. Name and	Address of New	Registered	Agent	
-TODD, KRISTA L 1217 MURRAY DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FL 32205												
						City				Fl	Zip Co	de
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 printed name of registered agains and side if applicable. (NOTE: Registered Agains agreeture required when refinishing) DATE												
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS AN	D DIREC	TORS	11.			ADDITIONS/	CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 11
TITLE	PRES TODD, KR	RISTA L		Detete	TITLE PAGE						☐ Change	Addition
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	certify that the	e information supplied w	ith this fill is true a	ing does not qualify to			ained	in Chapter 119, same lugal effect	Florida Statutes as il made unde	I further ce er oath; thet h	rtify that the	Information or or director
12. Thereby 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 of rustee 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.												
SIGNAT	URE: _	SIGNATURE AND TYPED OF	R PRINTED	NAME OF SIGNING OFFICER	OR DIRECT	TOA - K	4	ngle	Dete		Davikne Phone #	