

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000054150

**Entity Name:** KLW ADJUSTING TEAM, INC.

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

43 COLONY STREET  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

43 COLONY STREET  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 27-0417316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, KIMBERLANCE L  
43 COLONY STREET  
SAINT AUGUSTINE, FL 32084 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WILLIAMS, KIMBERLANCE L  
**Address:** 43 COLONY STREET  
**City-St-Zip:** SAINT AUGUSTINE, FL 32084

**Title:** D  
**Name:** JARRETT, LISA A  
**Address:** 43 COLONY STREET  
**City-St-Zip:** SAINT AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

**SIGNATURE:** KIMBERLANCE L. WILLIAMS

PD

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date