2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10904

FILED Jun 21, 2005 Secretary of State

Entity Name: KLAHM & SONS, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
2151 OLD OCALA, FL	JACKSONVIL _ 34470 US				
Current Mailing Address:			New Mailing Address:		
2151 OLD OCALA, FI	JACKSONVIL _ 34470 US				
FEI Number:	99-0150130	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
KLAHM, JACK S. 3643 S.E. 45TH PLACE OCALA, FL 34470 US			KLAHM, JACK 2085 SW 76TH LN OCALA, FL 34476	US	
	named entity : of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE: JACK S.	KLAHM		06/21/2005	
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () KLAHM, JACK 3643 S.E. 45TH OCALA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () KLAHM, REBE 3643 SE 45TH OCALA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () CHANDLER, TH 3643 SE 45 OCALA, FL	Delete HOMAS	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD () CHANDLER, RI) Delete CHARD	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: REBECCA KLAHM STD 06/21/2005

906 NE 3RD STREET APT 8

OCALA, FL

Address:

City-St-Zip: