## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046556

FILED Feb 21, 2008 Secretary of State

Entity Name: KLINGEL FAMILY CORPORATION						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	H TERRACE N TER, FL 3376	24902 US				
Current Mailing Address:			New Maili	New Mailing Address:		
4370 112TH TERRACE N CLEARWATER, FL 337624902 US						
FEI Number:	59-3194873	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
KLINGEL, ROBERT R 5260 113TH AVE N CLEARWATER, FL 34620 US			5260 113TI	KLINGEL, ROBERT R SR 5260 113TH AVE N CLEARWATER, FL 34620 US		
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: ROBERT R. KLINGEL, SR.				02/21/2008		
	Electroni	c Signature of Registered Agen	t		Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () KLINGEL, ROBE 15530 GULF BL' REDINGTON BE	<b>/</b> D.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () KLINGEL, ROBE 116 131 AVE E U MADEIRA BEAC	JNIT C	Title: Name: Address: City-St-Zip:	KLINGEL, ROI 344 BATH CLU		
Title: Name: Address: City-St-Zip:	TD () TOTTLE, DAVID 5044 KILKENNE OLDSMAR, FL	Y COURT	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title:	s ()	Delete	Title	(	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT R. KLINGEL, SR. PD 02/21/2008

CATALANO, RICHARD T ESQ

ST PETERSBURG, FL 33704

4370 112TH TERRACE N

Name:

Address:

City-St-Zip: