

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90298 021 ***150.00

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1. Entity Name
KL MANAGEMENT GROUP, INC.



Principal Place of Business
100 E SYBELIA AVE
#130
MAITLAND, FL 32751 US

Mailing Address
100 E SYBELIA AVE
#130
MAITLAND, FL 32751 US

DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3206347

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KIEBZAK, KEITH R
100 E SYBELIA AVE
SUITE 130
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIEBZAK, KEITH R.
STREET ADDRESS	100 E. SYBELIA AVE #130
CITY- ST- ZIP	MAITLAND, FL
TITLE	ST
NAME	KIEBZAK, FRANCES
STREET ADDRESS	100 E. SYBELIA AVE., SUITE 130
CITY- ST- ZIP	MAITLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 or trustee 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone #

04/28/06

407 770 8081