

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90396 010 \*\*\*150.00

**DOCUMENT # P94000014684**

1. Entity Name  
R.L. KLEIN ENTERPRISES, INC.



Principal Place of Business  
SUNRISE LANDSCAPE & LAWN CARE  
321 N SAFFORD AVENUE  
TARPON SPRINGS, FL 34689 US

Mailing Address  
P O BOX 591  
PALM HARBOR, FL 34682-0591

**DO NOT WRITE IN THIS SPACE**



02052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3226019

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, LESLEY A  
C/O OAK TRAIL BOOKS  
1219 FLORIDA AVENUE  
PALM HARBOR, FL 34683

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
KLEIN, RICHARD H  
793 NATALIE LANE  
PALM HARBOR, FL 34683

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
KLEIN, LESLEY A  
793 NATALIE LANE  
PALM HARBOR, FL 34682

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

Daytime Phone #

*Lesley Klein* : Lesley Klein, VP 4/22/06 727 423 1224