## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 23, 2006 8:00 am Secretary of State DOCUMENT # P9500004854 01-23-2006 90117 002 \*\*\*150.00 KLEC, INC. Mailing Address Principal Place of Business 22268 NATURE COVE CT. 22268 NATURE COVE CT. ESTERO, FL 33928 ESTERO, FL 33928 2. Principal Place of Business 3. Mailing Address 22190 REDLAUREL LA 22190 RED LAUREL LA Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 CR2E034 (11/05) 4. FEI Number Applied For City & State City & State FL ESTERD estero 65-0558479 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 33928 Fee Required 33928 $U \sim A$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASSAVELL, EDWARD Street Address (P.O. Box Number is Not Acceptable) 3512 DEL PRADO BLVD **STE 13** CAPE CORAL, FL 33904 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. 1/20/06 DATE PRES (NOTE: Recustered Agent signature regured when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition Change 12 Delete TITLE Cars ?. TITLE CASSAVELL, EDWARD 22190 RED LANGEL LA CASSAVELL, EDWARD NAME MAME 22268 NATURE COVE CT. STREET ADDRESS STREET ADDRESS CITY-ST-7IP 33928 CITY-ST-ZIP ESTERO, FL 33928 GSTERO, FL Change Addition 5ac. Delete MILE TITLE CASSAVELL, LOIS NAME CASSAVELL, EDWARD NAME 22190 RED LAUREL LA STREET ADDRESS 22268 NATURE COVE CT. STREET ADDRESS ESTERD FL 33928 CITY-ST-7IP ESTERO, FL 33928 CITY-ST-7IP ☐ Change Addition ☐ Delete TILE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Change ☐ Addition ☐ Delete TILLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Addition Delete TITLE ☐ Change TITLE NAME: MALE STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED