


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000078611</b> 1. Entity Name <b>DON KLINGER MARKETING, INC.</b>	
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Principal Place of Business <b>200 MICHAELS CIR OLDSMAR, FL 34677</b>	Mailing Address <b>POST OFFICE BOX 188 OLDSMAR, FL 34677</b>
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**DO NOT WRITE IN THIS SPACE**

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3338544</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KLINGER, DON 200 MICHAELS CIR OLDSMAR, FL 34677</b>
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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 *Don Klinger VP* DATE *4/25/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	<b>P KLINGER, MARY L. 132 LAKEVIEW WAY OLDSMAR, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP KLINGER, DON 132 LAKEVIEW WAY OLDSMAR, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/28/05-80101-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Don Klinger* *4/25/05* *727-789-5655*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #