

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90376 008 ***150.00

DOCUMENT # P96000089043

1. Entity Name
KLAAS GOLF ENTERPRISES, INC.



Principal Place of Business

**5150 TAMiami TRAIL N
SUITE 503
NAPLES, FL 34103**

Mailing Address

**5150 TAMiami TRAIL N
SUITE 503
NAPLES, FL 34103**

2. Principal Place of Business

5150 Tamiami Trail N

3. Mailing Address

5150 Tamiami Trail N

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

Zip

34103

Country

01112006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3410738

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLAAS, RALPH B
5150 TAMiami TRAIL N.SUITE 503
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name

Ralph B Klaas

Street Address (P.O. Box Number is Not Acceptable)

5150 Tamiami Trail N ; Suite 600

City

Naples

FL

Zip Code

34103

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

1/6/06

**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** ☐ Delete
NAME **KLAAS, RALPH B**
STREET ADDRESS **5150 TAMiami TRAIL N SUITE 503**
CITY- ST- ZIP **NAPLES, FL 34103**

TITLE **VP** ☐ Delete
NAME **KLAAS, RICHARD L**
STREET ADDRESS **5150 TAMiami TRAIL N. SUITE 503**
CITY- ST- ZIP **NAPLES, FL 34103**

TITLE **S/T** ☐ Delete
NAME **KLAAS, BRIAN J**
STREET ADDRESS **5150 TAMiami TRAIL N. SUITE 503**
CITY- ST- ZIP **NAPLES, FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5150 Tamiami Trail N ; Suite 600**
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5150 Tamiami Trail N ; Suite 600**
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5150 Tamiami Trail N Suite 600**
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE

Ralph B Klaas

1/6/06