

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000003991

**Entity Name:** THE STEVEN J. KLINE AGENCY, INC.

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

605 OAKS DRIVE  
1004  
POMPANO BEACH, FL 330693751

**New Principal Place of Business:**

**Current Mailing Address:**

605 OAKS DRIVE  
1004  
POMPANO BEACH, FL 33069

**New Mailing Address:**

605 OAKS DRIVE  
1004  
POMPANO BEACH, FL 330693751

FEI Number: 65-0720460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLIN, STEVEN J  
605 OAKS DRIVE  
1004  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: KLINE, STEVEN J  
Address: 605 OAKS DRIVE, STE 1004  
City-St-Zip: POMPANO BEACH, FL 330693751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J KLINE

MR

03/24/2009

Electronic Signature of Signing Officer or Director

Date