2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000109022

1. Entity Name
KLARA ROOFING, INC.

Principal Place of Business	Mailing Address
475 PARK AVE SATELLITE BEACH, FL 32937	475 PARK AVE SATELLITE BEACH, FL 32937

DO NOT WRITE IN THIS SPACE

04302007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3483684	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LIPPONER, VINCENT K
STREET ADDRESS	475 PARK AVE
CITY-ST-ZIP	SATELLITE BEACH, FL 32937

TITLE	VP
NAME	GRUNOW, ELLEN
STREET ADDRESS	475 PARK AVE.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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05/24/07-80024-021 150.00

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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: _____ Vincent Lipponer PSTD   4-30-07   321-773-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #