

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000048256**

1. Entity Name  
**K&S ENGINEERING, INC.**



Principal Place of Business  
**4429 DIAMOND CIR. WEST  
SARASOTA, FL 34233**

Mailing Address  
**POB 17471  
SARASOTA, FL 34276**



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3522293</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KLEINSCHMIDT, PETER  
4429 DIAMOND CIR WEST  
SARASOTA, FL 34233**

**DO NOT WRITE  
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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	KLEINSCHMIDT, ELIZABETH
STREET ADDRESS	4429 DIAMOND CIR WEST
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	STORMA, WILLIAM
STREET ADDRESS	762 SPRING ISLAND WAY
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	VPD
NAME	STORMA, SUSAN
STREET ADDRESS	1117 CAMPBELL ST
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	ROBERTS, ROBIN
STREET ADDRESS	1117 CAMPBELL ST
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	S
NAME	KLEINSCHMIDT, PETER
STREET ADDRESS	4429 DIAMOND CIR. WEST
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000927422  
05/20/08-80103-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:** *Elizabeth S Kleinschmidt* **4-23-08** **941-921-4843**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #