


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90020 029 ***150.00

DOCUMENT # P98000053484	
1. Entity Name KLUSMAN REALTY AND DEVELOPMENT, INC.	

Principal Place of Business 5321 CYPRESS RESERVE PLACE WINTER PARK, FL 32792	Mailing Address 5321 CYPRESS RESERVE PLACE WINTER PARK, FL 32792
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04004016

2. Principal Place of Business 5377 CYPRESS RESERVE PLACE	3. Mailing Address 5377 CYPRESS RESERVE PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04112004 Chg-P CR2E034 (10/03)

City & State WINTER PARK FL	City & State WINTER PARK FL
Zip 32792	Country SEMINOLE

4. FEI Number 59-3531821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KLUSMAN, ROBERT L 5321 CYPRESS RESERVE PLACE WINTER PARK, FL 32792	
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7. Name and Address of New Registered Agent
Name **ROBERT L. KLUSMAN**
Street Address (P.O. Box Number is Not Acceptable) **5377 CYPRESS RESERVE PLACE**
City **WINTER PARK** FL Zip Code **32792**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUSMAN, ROBERT L 5321 CYPRESS RESERVE PLACE WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUSMAN, ROBERT L 5377 CYPRESS RESERVE PLACE WINTER PARK FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert L. Klusman ROBERT L. KLUSMAN 4/12/04 (407) 252-6165	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	_____ <small>Date</small>	_____ <small>Daytime Phone #</small>
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