


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90063 033 ***150.00

DOCUMENT # P98000056275		
1. Entity Name K & L BUSINESS, INC.		

Principal Place of Business 15610 ENSTROM ROAD WELLINGTON, FL 33414	Mailing Address 15610 ENSTROM ROAD WELLINGTON, FL 33414
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40061334

04032007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0898089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HUBBARD, LISA 15610 ENSTROM ROAD WELLINGTON, FL 33414	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUBBARD, LISA <input type="checkbox"/> Delete 15610 ENSTROM ROAD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUBBARD, KEN <input type="checkbox"/> Delete 15610 ENSTROM ROAD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Lisa Hubbard 4/7/7. 561-753-6476.

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

**ATTACHMENT 40261992**
Division of Corporations**Annual Report**[Annual Report Help](#)

Document Number

P98000056275

Business Entity Name

K & L BUSINESS, INC.

FEI Number 650898089
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 15610 ENSTROM ROAD
Suite, Apt. #, etc.
City, State WELLINGTON, FL
Zip Code & Country 33414

Mailing Address

Address 15610 ENSTROM ROAD
Suite, Apt. #, etc.
City, State WELLINGTON, FL
Zip Code & Country 33414

Name and Address of Registered Agent

Name (Last, First, Middle, Title) HUBBARD, LISA

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 15610 ENSTROM ROAD
Suite, Apt. #, etc.
City, State WELLINGTON, FL
Zip Code & Country 33414 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D
Name (Last, First, Middle, Title) HUBBARD, LISA

- OR -

Entity Name to serve as
Officer/Director

Street Address 15610 ENSTROM ROAD
City, State WELLINGTON, FL
Zip Code & Country 33414

Title D
Name (Last, First, Middle, Title) HUBBARD, KEN

- OR -

Entity Name to serve as
Officer/Director

Street Address 15610 ENSTROM ROAD
City, State WELLINGTON, FL
Zip Code & Country 33414

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title