

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90001 002 ***150.00

DOCUMENT # P99000010455

1. Entity Name
KLANDERS CONSTRUCTION, INC.



Principal Place of Business

RT 9 BOX 6004
LAKE CITY, FL 32024

Mailing Address

P O BOX 3515
LAKE CITY, FL 32056

54072276



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3564410

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLANDERUD, STEVEN L
RT 2 BOX 208, WEST ROAD
LAKE CITY, FL 32055

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

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	KLANDERUD, STEVEN L	
STREET ADDRESS	P O BOX 3515 N/A	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	VP	☐ Delete
NAME	KLANDERUD, JOSEPH J	
STREET ADDRESS	RT 9 BOX 678	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	T	☐ Delete
NAME	KLANDERUD, MICHAEL J	
STREET ADDRESS	BOX 1748	
CITY-ST-ZIP	LAKE CITY, FL 32056	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-755-3191
Daytime Phone #