


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90005 005 ***558.75

DOCUMENT # P99000011515	
1. Entity Name KLEIN & STAUB SURVEYING, INC.	

Principal Place of Business 8016 OLD COUNTY RD. STREET NEW PORT RICHEY, FL 34653	Mailing Address 8016 OLD COUNTY RD. STREET NEW PORT RICHEY, FL 34653
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50058346



2. Principal Place of Business <i>8016 Old County Rd. No. 54</i> Suite, Apt. #, etc. <i>New Port Richey, FL</i> City & State <i>34653 USA</i> Zip Country	3. Mailing Address <i>8016 Old County Rd. No. 54</i> Suite, Apt. #, etc. <i>New Port Richey, FL</i> City & State <i>34653 USA</i> Zip Country
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07222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3561011	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLEIN, BRUCE A 8016 OLD COUNTY RD ST NO 54 NEW PORT RICHEY, FL 34653	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEIN, BRUCE A 8016 OLD CO RD NO 54 NEW PORT RICHEY, FL 34653 <i>51% Ownership</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CLancey, Thomas S. 8016 OLD CO RD NO 54 New Port Richey, FL 34653 <i>49% Owner</i>
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
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
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: <i>B. A. K.</i>	Date: <i>7/25/05</i>	Daytime Phone #: <i>727-834-8140</i>
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