

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000111113</b>	
1. Entity Name KLEPFER CONSULTING, INC.	
Principal Place of Business 2435 ST PAUL'S DR TITUSVILLE, FL 32780	Mailing Address 2435 ST PAUL'S DR TITUSVILLE, FL 32780
<b>DO NOT WRITE IN THIS SPACE</b>	



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1566906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  KLEPFER, PATRICIA A THE GREAT OUTDOORS 2435 ST PAUL'S DR TITUSVILLE, FL 32780	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000108667 04/12/04 00012 012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEPFER, PATRICIA A 2435 ST PAUL'S DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENEGHETTI, ANNIE C 2435 ST PAUL'S DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLEPFER, KATHLEEN J 615 PLANTATION DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 **4/8/04 321-537-1643**  
Date Daytime Phone #