

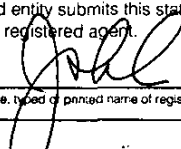



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90013 045 \*\*\*150.00

<b>DOCUMENT # S74176</b> 1. Entity Name KLEECO, INC.					
Principal Place of Business 7705 COVEWOOD DRIVE JACKSONVILLE, FL 32256			Mailing Address 7705 COVEWOOD DRIVE JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		00043006  	
City & State		City & State		07112008    Chg-P    CR2E034 (12/06)	
Zip    Country		Zip    Country		4. FEI Number 59-3089967	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  HAMILTON, WILLIAM A., III 1210 KINGSLEY AVENUE SUITE 2 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name The Nichols Group, P.A. Street Address (P.O. Box Number is Not Acceptable) 1329 Kingsley Ave Ste D City Orange Park    FL    Zip Code 32073		
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:					
<b>FILE NOW! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, KENNETH 7705 COVEWOOD DR JACKSONVILLE, FL	<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	VP LEE, VICKI 7705 COVEWOOD DR JACKSONVILLE, FL	<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	
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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 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:  7/14/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Daytime Phone #					