

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000008025

**Entity Name:** DOREEN KLINE PHOTOGRAPHY INC.

**FILED**  
**Mar 20, 2014**  
**Secretary of State**  
**CC8936516541**

**Current Principal Place of Business:**

14841 CRYSTAL COVE CT.  
# 1902  
FORT MYERS, FL 33919

**Current Mailing Address:**

14841 CRYSTAL COVE CT.  
# 1902  
FORT MYERS, FL 33919

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KLINE, DOREEN  
14841 CRYSTAL COVE CT.  
# 1902  
FORT MYERS, FL 33919 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KLINE, DOREEN  
Address 14841 CRYSTAL COVE CT. # 1902  
City-State-Zip: FORT MYERS FL 33919

Title VP  
Name KLINE, DAVID  
Address 14841 CRYSTAL COVE CT. # 1902  
City-State-Zip: FORT MYERS FL 33919

Title S  
Name KLINE, DAVID  
Address 14841 CRYSTAL COVE CT. # 1902  
City-State-Zip: FORT MYERS FL 33919

Title T  
Name KLINE, DOREEN  
Address 14841 CRYSTAL COVE CT. # 1902  
City-State-Zip: FORT MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DOREEN KLINE**

**OWNER**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date