2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000000186

COMPLETE PROPERTY SERVICES, INC.



Principal Place of Business

140 S PINE AVENUE OLDSMAR, FL 34677 Mailing Address

140 S PINE AVENUE OLDSMAR, FL 34677

FILED Jan 10, 2006 8:00 am **Secretary of State**

01-10-2006 90033 006 ***150.00

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01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3376883 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUEGER, ANGELA 140 S PINE AVENUE OLDSMAR, FL 34677

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8. The above the obligation	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent and atte i	spplicable, (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD KRUEGER, RICHARD K 2321 SPICEWOOD CT DUNEDIN, FL 34698				
NAME STREET ADDRESS CITY-ST-ZIP	GATTI, HANK 6444 SUMMERFIELD LOOP NEW PORT RICHEY, FL 34655				
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	SD KRUEGER, ANGELA 2321 SPICEWOOD CT DUNEDIN, FL 34698		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRUEGER, MICHAEL H 556 HOLLOWTREE PLACE 3514 TARPON SPRINGS, FL 34889-PALI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	34684				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby 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: Magelatrues