


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H03999</b> 1. Entity Name <b>THE KRAUSKOPF CORPORATION</b>																																																																							
Principal Place of Business <b>63 S.E. ST. LUCIE BLVD. STUART FL 34996</b>				Mailing Address <b>P.O. BOX 1225 STUART FL 34995</b>																																																																			
2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt #, etc.																																																																					
City & State		City & State																																																																					
Zip	Country	Zip	Country	4. FEI Number <b>59-2414240</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>KRAUSKOPF, JEFFREY ALAN 63 S.E. ST. LUCIE BLVD. STUART FL 34996</b>																																																																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code				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) DATE</small>																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">P.O. BOX 1225</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">U00000654456</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">STUART FL 34995</td> <td></td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">03/13/07-80063-010 150.00</td> <td></td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	P.O. BOX 1225		STREET ADDRESS	U00000654456		CITY, ST, ZIP	STUART FL 34995		CITY, ST, ZIP	03/13/07-80063-010 150.00																																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																																																																							
<b>SIGNATURE:</b> _____ <span style="float: right;"><b>2-1-07</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If</small>																																																																							



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