2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 307044

1. Entity Name

JAMES S. KROGEN AND CO., INC.

Principal Place of Business	Mailing Address
428 AKRON AVE 5A STUART FL 34994 US	428 AKRON AVE 5A STUART FL 34994 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1144073 ☐ Applied For ☐ Not Applic...

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KROGEN JAMES M
428 AKRON AVE
STE 5A
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 acc... 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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B... Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD	☐ Delete
NAME	KROGEN, JAMES M.	
STREET ADDRESS	428 AKRON AVE., STE. 5A	
CITY-ST-ZIP	STUART FL 34994	
TITLE	V	☐ Delete
NAME	KROGEN, KURT M	
STREET ADDRESS	428 AKRON AVE., STE. 5A	
CITY-ST-ZIP	STUART FL 34994	
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addi...
NAME		
STREET ADDRESS	U00000525668	
CITY-ST-ZIP	05/04/06-80041-025 150.00	
TITLE		☐ Change ☐ Addi...
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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.

SIGNATURE: James M Krogen James M. Krogen April 21, 2006 7722194484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR