


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/3

FILED
Mar 02, 2006 8:00 am
Secretary of State

02-03-2006 90008 010 ***150.00

DOCUMENT # 493680 1. Entity Name KRAUSE INDUSTRIES, INC.	
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Principal Place of Business 500 FARMERS MKT. RD. BLDG 20 & 21 FT. PIERCE, FL 34982 US	Mailing Address 500 FARMERS MKT. RD. BLDG 20 & 21 FT. PIERCE, FL 34982 US
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1630495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CHAMBERS, CHESTER C JR
500 FARMERS MARKET RD
BLDG 20 & 21
FORT PIERCE, FL 34982**

**DO NOT WRITE
IN THIS SPACE**

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 *Chester Chambers* *PR.* *1-24-06*
Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS KRAUSE, ASTRID 903 FLOOD RD. FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CHAMBERS, CHESTER 5006 HICKORY DR FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: *Mr. C. Chambers* *PR.* *2-27-06* *772-465-1940*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

X



ATTACHMENT
66003319

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

KRAUSE INDUSTRIES, INC.
500 FARMERS MKT. RD.
BLDG 20 & 21
FT. PIERCE, FL 34982 US

Subject: **KRAUSE INDUSTRIES, INC.**

Reference Number: **493680**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION