

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90432 043 \*\*\*150.00

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<b>DOCUMENT # 530905</b>					
1. Entity Name <b>KREISSLE FORGE, INC.</b>					
Principal Place of Business <b>7947 N TAMIAMI TRAIL SARASOTA, FL 34243</b>			Mailing Address <b>7947 N TAMIAMI TRAIL SARASOTA, FL 34243</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1732099</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KREISSLE, PETER 7947 NORTH TAMIAMI TRAIL SARASOTA, FL 34243</b>				7. Name and Address of New Registered Agent Name <b>George Kreissle Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7947 North Tamiami Trail</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34243</b>	
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: <u><i>George Kreissle Jr.</i></u> DATE: <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREISSLE, GEORGE JR		NAME		
STREET ADDRESS	125 HOLLY AVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000,		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREISSLE, PETER		NAME		
STREET ADDRESS	10329 BAYVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREISSLE, METHILD		NAME		
STREET ADDRESS	7947 N TAMIAMI TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>George Kreissle Jr.</i></u> <b>GEORGE KREISSLE JR</b> <u>4/28/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					