2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2005 8:00 am Secretary of State **DOCUMENT # 637362** 04-13-2005 90071 007 ***150.00 1. Entity Name BUNDSCHU KRAFT, INC. Principal Place of Business Mailing Address 20032394 6700-1 DANIELS PARKWAY 6700-1 DANIELS PARKWAY FORT MYERS, FL 33912 FORT MYERS, FL 33912 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2086546 Not Applicable \$8.75 Additional ---5. Certificate of Status Desired -0-Fee Required 6. Name and Address of Current Registered Agent BUNDSCHU, CHARLES C., III DO NOT WRITE 6700-1 DANIELS PARKWAY FORT MYERS, FL 33912 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DV KRAFT, DAN NAME STREET ADDRESS 6700-1 DANIELS PARKWAY FORT MYERS, FL 33912 CITY-ST-ZIP TITLE BUNDSCHU, CHARLES C. III NAME STREET ADDRESS 6700-1 DANIELS PARKWAY CITY-ST-ZIP FORT MYERS, FL 33912 TITLE BUNDSCHU, GAYLE P. NAME 6700-1 DANIELS PARKWAY STREET ADDRESS DO NOT WRITE CITY-ST-ZIP FORT MYERS, FL 33912 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP-TITLE NAME

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 trusted 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-4/11/05 234-693-1000 Gayle Bundschu

FILED

Daytime Phone #