2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # 637362

1. Entity Name
BUNDSCHU KRAFT, INC.

Principal Place of Business	Mailing Address
6700-1 DANIELS PARKWAY FORT MYERS, FL 33912	6700-1 DANIELS PARKWAY FORT MYERS, FL 33912

04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2086546
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUNDSCHU, CHARLES C., III
6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	KRAFT, DAN
STREET ADDRESS	6700-1 DANIELS PARKWAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	PD
NAME	BUNDSCHU, CHARLES C. III
STREET ADDRESS	6700-1 DANIELS PARKWAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DST
NAME	BUNDSCHU, GAYLE P.
STREET ADDRESS	6700-1 DANIELS PARKWAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000702712
04/20/07-80109-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ Gayle Bundschu 4/10/07 239-693-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #