

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000001202

1. Entity Name
A SQUARE SYSTEMS, INC.



Principal Place of Business
**889 WYNDEMERE WAY
NAPLES, FL 34105**

Mailing Address
**889 WYNDEMERE WAY
NAPLES, FL 34105**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1149766

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRAUS, SHIRLEY L
889 WYNDEMERE WAY
NAPLES, FL 34105**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000809002
02/08/08-80005-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRAUS, HENRY
STREET ADDRESS	889 WYNDEMERE WAY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	STD
NAME	KRAUS, SHIRLEY L
STREET ADDRESS	889 WYNDEMERE WAY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	V
NAME	BAUM, SCOTT
STREET ADDRESS	12132 FOXPOINT DRIVE
CITY-ST-ZIP	MARYLAND HEIGHTS, MO 63043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 any other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____