


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000006322	
1. Entity Name KREBS INTERNATIONAL, INC.	

Principal Place of Business 5505 W. GILLETTE ROAD TUCSON, AZ 85743	Mailing Address 5505 W. GILLETTE ROAD TUCSON, AZ 85743
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 86-0939491	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAPITAL CORPORATE SERVICES, INC.
ATTN: DELANIE CASE
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303

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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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCHLEPP, DOUGLAS D 5505 W. GILLETTE ROAD TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERLACH, STEVEN C 5505 W. GILLETTE ROAD TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, PATRICK A 5505 W. GILLETTE ROAD TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOYACK, MARK 5505 W. GILLETTE ROAD TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELTON, GERALD P KREBS CHILE, PALAMOS 378 VITACURA, SANTIAGO, CHILE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SAFFRAN, BARBARA R 5344 N VIA SEMPREVERDI TUCSON, AZ 85750

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04/19/04-80062-023 150.00

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IN THIS SPACE**

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: Barbara R. Saffran Barbara R. Saffran, CFO, 1/6/04 520-744-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #