

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90001 045 ***150.00

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1. Entity Name
KREG CORPORATION

Principal Place of Business
**101 TOWN GREEN
WILTON, CT 06897**

Mailing Address
**101 TOWN GREEN
WILTON, CT 06897**

00000007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

58-1506390

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRETER, STEPHEN W
2877 WEST GULF DRIVE
SANIBEL, FL 33957**

GL8150

7. Name and Address of New Registered Agent

Name **KRETER, STEPHEN W**

Street Address (P.O. Box Number is Not Acceptable)
3397 WEST GULF DRIVE

UNIT A

City

SANIBEL

FL

Zip Code

33957

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEVS
KRETER, STEPHEN
109 CANNON ROAD
WILTON, CT 06897** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCPT
FERGUSON, GREGORY R
1170 BROOKGATE WAY
ATLANTA, GA 30319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRETER, WARREN G
135 HARBOUR LANE
MASSAPEQUA, NY 11758** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CROFT, EDWARD S III
500 ARGONNE AVENUE
ATLANTA, GA 30305** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #