

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F56120**

**1. Entity Name**  
**FRANK KRUTCHIK SALES, INC.**



**Principal Place of Business**  
6556 VIA BENITA  
BOCA RATON, FL 33433

**Mailing Address**  
6556 VIA BENITA  
BOCA RATON, FL 33433



01122004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
59-2138281

**Applied For**  
☐ **Not Applicable**

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KRUTCHIK, FRANK  
6556 VIA BENITA  
BOCA RATON, FL 33433

**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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**TITLE** DST  
**NAME** KRUTCHIK, BERNADETTE  
**STREET ADDRESS** 6556 VIA BENITA  
**CITY-ST-ZIP** BOCA RATON, FL 33433

**TITLE** DP  
**NAME** KRUTCHIK, FRANK  
**STREET ADDRESS** 6556 VIA BENITA  
**CITY-ST-ZIP** BOCA RATON, FL 33433

**TITLE**  
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**CITY-ST-ZIP**

000000001170  
01/15/04-80001-026 150.00

**DO NOT WRITE  
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:** Frank Krutchik FRANK KRUTCHIK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04 561-395-9025  
Date Daytime Phone #