

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 21, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F94000002685**

**1. Entity Name  
KROHN INDUSTRIES INCORPORATED**



**Principal Place of Business  
303 VETERANS BLVD.  
CARLSTADT, NJ 07072**

**Mailing Address  
303 VETERANS BLVD.  
CARLSTADT, NJ 07072**



**02132006 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
11-2216292**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐**

**\$8.75 Additional  
Fee Required**

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

**SCHILLINGER, BERNARD  
7519 LA PAZ BLVD. C105  
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

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

**10. OFFICERS AND DIRECTORS**

**TITLE P  
NAME KROHN, JOHN N  
STREET ADDRESS 1038 WASHINGTON AVE. SO.  
CITY-ST-ZIP OLD TAPPAN, NJ 07675**

**TITLE VST  
NAME KROHN, NICHOLAS E  
STREET ADDRESS 1038 WASHINGTON AVE SO  
CITY-ST-ZIP OLD TAPPAN, NJ 07675**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**110000442878  
03/04/06-80037-021 150.00**

**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 of this report, or on an attachment with an address, with all other information empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/14/06 201 933 96**