
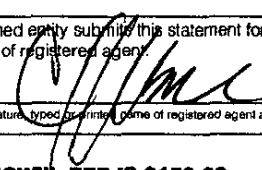
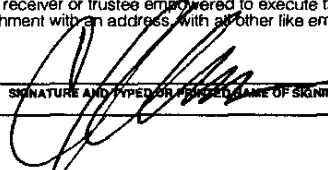


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90006 001 ***150.00

DOCUMENT # G78684 1. Entity Name KRUSE REALTY, INC.					
Principal Place of Business 32548 EMERALD COAST PKWY 6101 DESTIN, FL 32541 US				Mailing Address P.O. BOX 309 FT. WALTON BEACH, FL 32549 US	
2. Principal Place of Business 34990 Emerald Coast Pkwy. Suite, Apt. #, etc. Suite 401 City & State Destin, FL Zip 32541		3. Mailing Address 34990 Emerald Coast Pkwy. Suite, Apt. #, etc. Suite 401 City & State Destin, FL Zip 32541			
Country U.S.		Country U.S.		4. FEI Number 59-2367441	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KRUSE, CRAIG J 10 RACETRACK ROAD, N.W. FORT WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name Craig J. Kruse Street Address (P.O. Box Number is Not Acceptable) 34990 Emerald Coast Pkwy. Suite 401 City Destin	
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.				DATE 1/28/04	
SIGNATURE 				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete KRUSE, CRAIG J P O BOX 309 FT. WALTON BEACH, FL 32549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Craig J. Kruse <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34990 Emerald Coast Pkwy. Suite 401 Destin, FL 32541				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1/28/04 Daytime Phone # 850-240 4901					