

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G78684

1. Entity Name  
KRUSE REALTY, INC.



Principal Place of Business

34990 EMERALD COAST PKWY  
SUITE 401  
DESTIN, FL 32541 US

Mailing Address

34990 EMERALD COAST PKWY  
SUITE 401  
DESTIN, FL 32541 US

**FILED**  
**Sep 04, 2008 08:00 AM**  
**Secretary of State**



07302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2367441

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**

KRUSE, CRAIG J  
34990 EMERALD COAST PKWY  
SUITE 401  
DESTIN, FL 32541

**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.

000000959023  
09/04/08-80002-015 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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  
P  
KRUSE, CRAIG J  
24990 EMERALD COAST PKWY, SUITE 401  
DESTIN, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #