

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90176 014 ***158.75

DOCUMENT # **G79677**

1. Entity Name

KROGMAN HOMES, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10032 Bear Lk. Rd.

Suite, Apt. #, etc.

3. Mailing Address

10032 Bear Lk. Rd.

Suite, Apt. #, etc.

40026713

CR2E034B (8/05)

City & State

Apopka, Fl.

Zip **32703**

Country **SEMINOLE**

City & State

Apopka Fl.

Zip **32703**

Country **SEMINOLE**

4. FEI Number

59-2391854

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **RAYMOND R. Krogman**

Street Address (P.O. Box Number is Not Acceptable) **10032 Bear Lk. Rd.**

City **Apopka**

FL

Zip Code **32703**

**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)

3/4/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres RAYMOND R. Krogman 10032 Bear Lk. Rd. Apopka, Fl. 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Michelle L. Krogman 10032 Bear Lk. Rd. Apopka, Fl. 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michelle L. Krogman 10032 Bear Lk. Rd. Apopka, Fl. 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 687, Florida Statutes; and that my name appears in Block 10 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 #

Michelle L. Krogman Pres.

3/4/06

**407-291-2375
407-497-0899**