

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # K76275			
1. Entity Name KRUMMELL AND ASSOCIATES, INC.		Principal Place of Business 1097 CHEYENNE TRAIL WINTER SPRINGS, FL 32708 US	
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		Mailing Address C/O CARLIN, PHILIP, A. 125 S SWOOPE AVE #104 MAITLAND, FL 32751 US 3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____	
6. Name and Address of Current Registered Agent CARLIN, PHILIP A 125 S SWOOPE AVE #104 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KRUMMELL, SYLVIA 1097 CHEYENNE TRAIL WINTER SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000215282 02/05/05-80002-018 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MAIER, EDDIE 1097 CHEYENNE TRAIL WINTER SPRINGS, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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: <i>Sylvia J. Krummel</i>		Date: <i>Feb. 1, 2005</i> Daytime Phone #: <i>407-327-2627</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01032005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2937876** Applied For Not Applicable

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