

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K83169

FILED
Jan 31, 2005
Secretary of State

Entity Name: KRAHENBUHL ASSOCIATES, INC.

Current Principal Place of Business:

329 OLDE POST ROAD
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

329 OLDE POST ROAD
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-2952613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAHENBUHL, DAVID W.
329 OLDE POST ROAD
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KRAHENBUHL, DAVID W.,
Address: 329 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: VSD () Delete
Name: KRAHENBUHL, DONNA L.,
Address: 329 OLDE POST RD.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: KRAHENBUHL, GLEN ALL, EN
Address: 5108 ELLSWORTH PLACE
City-St-Zip: BOULDER, CO 80303

Title: D () Delete
Name: KRAHENBUHL, SHANNON D
Address: 3138 BRADY LAKE ROAD
City-St-Zip: RAVENNA, OH 44266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. KRAHENBUHL

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

_____ Date