


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M75516**  
 1. Entity Name  
**STEVE KRING CONSTRUCTION COMPANY**



Principal Place of Business      Mailing Address  
 % STEPHEN J. KRING, 420 PINE AVE      % STEPHEN J. KRING, 420 PINE AVE  
 P.O. BOX 155      P.O. BOX 155  
 ANNA MARIA, FL 34216      ANNA MARIA, FL 34216

**DO NOT WRITE IN THIS SPACE**



01062006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2886045**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**KRING, STEPHEN J.**  
**420 PINE AVENUE**  
**ANNA MARIA, FL 34216**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	KRING, STEPHEN J.
STREET ADDRESS	309 BAY BLVD. NORTH
CITY-ST-ZIP	ANNA MARIA, FL
TITLE	PT
NAME	KRING, STEPHEN J.
STREET ADDRESS	309 BAY BLVD. NORTH
CITY-ST-ZIP	ANNA MARIA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000431473  
 02/23/06-80030-008 150.00

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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 all other like empowered.

SIGNATURE: Stephen J. Kring      1-13-2006      941 778 1049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #