

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M80087</b>	
1. Entity Name GENERAL GROUP HOLDINGS, INC.	
Principal Place of Business 712 S OREGON AVE STE 200 TAMPA, FL 33606 US	Mailing Address 712 S OREGON AVE STE 200 TAMPA, FL 33606 US



**DO NOT WRITE IN THIS SPACE**

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2868884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  KRUSEN, W. ANDREW, JR. 712 S OREGON AVE STE 200 TAMPA, FL 33606
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**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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	DP KRUSEN, W. ANDREW, JR. 712 S OREGON AVE STE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KRUSEN, WILLIAM A 712 S OREGON AVE STE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRUSEN, CHARLES B 712 S OREGON AVE STE 200 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, WILLIAM A III 721 S OREGON AVE., STE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, DOUGLAS N 712 S OREGON AVE STE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYJES, ROBERT 350 E 57TH ST., APT 158 NEW YORK, NY 10022

000000360605  
05/05/05-80041-005 150.00

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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 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: W. Andrew Krusen, Jr. President 4-25-05 813-837-3009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #