


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90018 015 \*\*\*558.75

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # P01000011329</b><br>1. Entity Name<br><b>KRENN LOUNGE MANAGEMENT COMPANY</b>  |   |   |  |
| Principal Place of Business<br><b>825 MOCKINGBIRD DR<br/>PORT ORANGE, FL 32127</b>  |   | Mailing Address<br><b>P.O. BOX 291718<br/>PORT ORANGE, FL 32129</b>  |  |
| 2. Principal Place of Business<br><b>550 Seabreeze Blvd</b>   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State<br><b>Daytona Bch, FL</b>  |   | City & State   |  |
| Zip<br><b>32118</b>   |   | Country<br><b>USA</b>  |  |
| 4. FEI Number<br><b>59-3711315</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   | 07032004 Chg-P CR2E034 (10/03)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KRENN, RONALD J<br/>825 MOCKINGBIRD DR<br/>PORT ORANGE, FL 32127</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><b>KRENN, RONALD J<br/>3744 SUNRISE OAKS DR<br/>PORT ORANGE, FL 32129</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>825 mockingbird Dr.<br/>Port Orange, FL 32127</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br><b>KRENN, BECKY L<br/>3744 SUNRISE OAKS DR<br/>PORT ORANGE, FL 32129</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>825 mockingbird Dr.<br/>Port Orange, FL 32127</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 <b>Becky L Krenn V.P.</b>   |   | Date <b>7/8/04</b> Daytime Phone # <b>679-6907</b>   |  |