

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000111658

1. Entity Name
KRAFT & GROSS, P.A.



Principal Place of Business
**766 RIVERSIDE DR
CORAL SPRINGS, FL 33071 US**

Mailing Address
**1098 NORTHWEST 82ND TERRACE
CORAL SPRINGS, FL 33071**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2359064

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GROSS, WILLIAM
3210 S OCEAN BLVD #804
HIGHLAND BEACH, FL 33487**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PTD KRAFT, STEVEN 1098 NORTHWEST 82ND TERRACE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GROSS, WILLIAM 3210 S OCEAN BLVD #804 HIGHLAND BEACH, FL 33487
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000000007897
01/20/04-80041-017 150.00

**DO NOT WRITE
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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.M. KRAFT

Date

1/6/04

Daytime Phone #

954-755-558