


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90030 037 ***150.00

DOCUMENT # P02000062934	
1. Entity Name KROUSE CONSULTING SERVICES, INC	

Principal Place of Business 11604 SHADY TREE PLACE TAMPA, FL 33624	Mailing Address 11604 SHADY TREE PLACE TAMPA, FL 33624
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2. Principal Place of Business - No P.O. Box # 3851 ALLEN ROAD	3. Mailing Address 3851 ALLEN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ZEPHYRHILLS, FL.	City & State ZEPHYRHILLS, FL.
Zip 33541	Country USA
Zip 33541	Country USA



04122008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent KROUSE, DENNIS 11604 SHADY TREE PLACE TAMPA, FL 33624	
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7. Name and Address of New Registered Agent Name DENNIS J. KROUSE Street Address (P.O. Box Number is Not Acceptable) 3851 ALLEN ROAD City ZEPHYRHILLS, FL Zip Code 33541	
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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 <u><i>Dennis J. Krouse</i></u> DENNIS J. KROUSE <u>4-18-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KROUSE, DENNIS PRES 11604 SHADY TREE PLACE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DENNIS KROUSE 3851 ALLEN ROAD ZEPHYRHILLS FL. 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u><i>Dennis J. Krouse</i></u> DENNIS J. KROUSE <u>4-18-08</u> <u>715-1075</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	