## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000089620

Name:

Address:

City-St-Zip:

1405 LEO LANE EAST, APT 4

CLEARWATER, FL 33755

Entity Name: KROL INVESTMENTS, INC.

Apr 22, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1419 LEO LANE EAST APT #1 CLEARWATER, FL 33755 **New Mailing Address: Current Mailing Address:** 1419 LEO LANE EAST APT #1 CLEARWATER, FL 33755 FEI Number: 71-0901481 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KROL, JOHN R 1419 LEO LANE EAST APT #1 CLEARWATER, FL 33755 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KROL, JOHN R Name: Name: 1419 LEO LANE EAST APT #1 Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: VΡ Title: ( ) Delete () Change () Addition Name: KROL, JOLANTA Name: 1419 LEO LANE EAST APT #1 Address: Address: CLEARWATER, FL 33755 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KROL, JENNIFER E Name: Name: 1419 LEO LANE EAST APT #8 Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: () Delete Title: () Change () Addition KROL, MICHAEL J

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: JOHN KROL 04/22/2005