

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000099849

1. Entity Name
KOEHLER ENTERPRISE, INC.



Principal Place of Business
**4498 WEEPING WILLOW CIRCLE
CASSELBERRY, FL 32707**

Mailing Address
**4498 WEEPING WILLOW CIRCLE
CASSELBERRY, FL 32707**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-2138652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOEHLER, MARK S
4498 WEEPING WILLOW CIRCLE
CASSELBERRY, FL 32707**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000447068
03/08/06-80037-017 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOEHLER, TRUMAN L
5222 WINDING BROOK ROAD
CHARLOTTE, NC 28226**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOEHLER, MARK S
4498 WEEPING WILLOW CIRCLE
CASSELBERRY, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOEHLER, JEFF
8 WILLIAM WAY
LONG VALLEY, NJ 07853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 powers like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06

Date

Daytime Phone #