

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90056 004 ***558.75

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1. Entity Name
KRONICK MANAGEMENT CORP.



Principal Place of Business
**3700 SOUTH OCEAN BOULEVARD
APARTMENT 210B
HIGHLAND BEACH, FL 33487**

Mailing Address
**3700 SOUTH OCEAN BOULEVARD
APARTMENT 210B
HIGHLAND BEACH, FL 33487**

50063197



08122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1167065

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KRONICK, GENE
3700 SOUTH OCEAN BOULEVARD
APARTMENT 210B
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 renewing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRONICK, GENE
STREET ADDRESS	3700 SOUTH OCEAN BOULEVARD APT 210B
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	VP
NAME	KRONICK, ELIZABETH
STREET ADDRESS	3700 SOUTH OCEAN BOULEVARD APT 210B
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	Sec.
NAME	Kronick, Allison
STREET ADDRESS	3700 South Ocean Blvd 210B
CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

Gene Kronick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2005
Date Daytime Phone #

*Kronick Management Corp.
ITS managing member*

*(561)
376-4485*