

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136420

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: KRINGLE ULTIMATE ERECTION & AUGER SERVICE INC.

**Current Principal Place of Business:**

236 SMITHSON DR  
OVIEDO, FL 32765

**New Principal Place of Business:**

520 E 4TH STREET  
CHULUOTA, FL 32766

**Current Mailing Address:**

236 SMITHSON DR  
OVIEDO, FL 32765

**New Mailing Address:**

520 E 4TH STREET  
CHULUOTA, FL 32766

FEI Number: 55-0855296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITHSON, CHRISTOPHER R  
520 E 4TH ST  
CHULUOTA, FL 32766 US

**Name and Address of New Registered Agent:**

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:**

Title: PST ( ) Delete  
Name: SMITHSON, CHRISTOPHER R  
Address: 520 E 4TH ST  
City-St-Zip: CHULUOTA, FL 32766

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: SMITHSON, ANGELA M  
Address: 520 E 4TH ST  
City-St-Zip: CHULUOTA, FL 32766

Title: P ( ) Change (X) Addition  
Name: SMITHSON, CHRISTOPHER R  
Address: 520 E 4TH STREET  
City-St-Zip: CHULUOTA, FL 32766

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.

SIGNATURE: CHRISTOPHER R SMITHSON

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04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date