

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000146974

1. Entity Name
KRAZY KUTS, INC.



Principal Place of Business
12393 SHERIDAN ST.
COOPER CITY, FL 33026

Mailing Address
12393 SHERIDAN ST.
COOPER CITY, FL 33026



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0075993

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGLAS, DERRICK
12393 SHERIDAN ST.
COOPER CITY, FL 33026

**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

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	DOUGLAS, DERRICK
STREET ADDRESS	16323 NW 19TH ST.
CITY - ST - ZIP	PEMBROKE PINES, FL 33028
TITLE	DVP
NAME	DOUGLAS, VONNETTE F
STREET ADDRESS	16323 NW 19 ST
CITY - ST - ZIP	HOLLYWOOD, FL 33028
TITLE	COD
NAME	DOUGLAS, CHRISTOPHER
STREET ADDRESS	12393 SHERIDAN CT
CITY - ST - ZIP	COOPER CITY, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/01/06-80051-016 150.00

**DO NOT WRITE
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 other like empowered.

SIGNATURE:

Douglas DERRICK DOUGLAS 4/17/06 954 455 979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone if