## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000152118  1. Entity Name  KRISKI INC				Jan 27, 2005 08:00 AM Secretary of State
KRISKI INC.				
Principal Place of Business Mailing Address			·	
3206 BON AIR DR. ORLANDO FL 32818		3206 BON AIR DR. ORLANDO FL 32818		
				. ? ? ? ? !!!   1   1   1   1   1   1   1   1   1
2. Principal Place of Business		3. Mailing Address		אבינו עו נפטיונים נפטיו הפתי הפסי הובטי בעוום נפטיו הדועם עוופס עוועם בעוום בעווס עו בסווס עו בעוויס בער
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-	1st MOORE CR2E034 (10/04)
City & Stat	ię.	City & State		4. FEI Number 74-3111578 Applied For Not Applied.
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
BURGESS, MELVIN			Name	
3206 BON AIR DR.			Street Address	(P.O. Box Number is Not Acceptable)
ORL	ANDO FL 32818		-	1,307 1 1 15
			City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	· · · · · · · · · · · · · · · · · · ·			
	Signature, typed or printed name of registered agent	and title if applicable /NOTE R	legistered Agent signature requir	red when remstating) DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  9. Electron Campaign Financing \$5.00 May  Trust Fund Contribution.  Added to Fee				
Make Checi	k Payable to Florida Department o		<u> </u>	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	BURGESS, MELVIN	☐ Delete	NAME	
STREET ADDRESS	3206 BON AIR DR.		STREET ADDRESS CITY-ST-ZIP	000000199103 01/27/05-80079-011 150.00
TITLE	ORLANDO FL 32818	☐ Delete	THEE	☐ Change ☐ Addilic
MAME	,	☐ Detete	NAME	C Aumilia
SUREET ADDRESS			STREET ADORESS	
CHY-SI-ZIP		☐ Defete	CITY-ST-ZIP	☐ Change ☐ Additio
NAME		L. Derete	NAME	C ounity Systems
STREET ADDRESS		'	STREET ADDRESS	
CITY-ST-ZIP		Delete	CHY-ST-ZIP THE	Change Addition
NAME		Thitele	MAME	
STREET ADORESS		ı	STREET ADDRESS CHY-ST-ZIP	
CHY-ST-ZIP		☐ Delete	TeluE .	☐ Change ☐ Addition
NAME		- Delete	NAME	
STREET ADDRESS			COLA STAND	
CHY-SI-ZIP		☐ Delete	CHY-SI-ZIP	☐ Change ☐ Addition
NAME	)	←7 Delete	NAME	C outside C Vanish
STREET ADDRESS			CIREFT ADDRESS	
CITY-ST-ZIP	1		CHY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·

**FILED** 

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:

\*\*BURGES\*\* 1-24-05\*\* 407-298-4785\*\*

\*\*BURGES\*\* 1-24-05\*\*

\*\*BURGES\*\* 1-24-05\*\*

\*\*Date: Degree Proce #\*\*

\*\*Date: Degree Proce #\*\*