


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90039 014 ***150.00

DOCUMENT # P04000073077	
1. Entity Name KRASMAN & ASSOCIATES, INC.	

Principal Place of Business 31564 US HWY 19 N PALM HARBOR, FL 34684	Mailing Address 31564 US HWY 19 N PALM HARBOR, FL 34684
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50002592



2. Principal Place of Business 1714 County Road 1	3. Mailing Address 1714 County Road 1
Suite, Apt. #, etc. Suite 14	Suite, Apt. #, etc. Suite 14
City & State Dunedin, FL	City & State Dunedin, FL
Zip 34698	Country USA

02282006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1092769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRASMAN, BRET 31564 US HWY 19 N PALM HARBOR, FL 34684	
7. Name and Address of New Registered Agent Name Krasman, Bret Street Address (P.O. Box Number is Not Acceptable) 1714 County Road 1, Suite 14 City Dunedin FL Zip Code 34698	

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINGSMAN, BRET 534 BAYWOOD DR N DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Krasman, Bret 554 Baywood Dr N Dunedin, FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bret Krasman **3-9-06** **727 787 4684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #