


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 A
Secretary of State

DOCUMENT # P04000131485	
1. Entity Name KRTEK CONSTRUCTION & RENOVATION, INC	

Principal Place of Business 4212 GLISSADE DR NEW PORT RICHEY, FL 34652 US	Mailing Address 4212 GLISSADE DR NEW PORT RICHEY, FL 34652 US
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DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1647484	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 DAVID, ANNA 4212 GLISSADE DR NEW PORT RICHEY, FL 34652	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVID, ANNA 4212 GLISSADE DR NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVID, RADEK 4212 GLISSADE DR NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC DAVID, RADEK 4212 GLISSADE DR NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES DAVID, ANNA 4212 GLISSADE DR NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

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05/22/06-80002-008 150.00

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: 	04/29/06	727-946 0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #