

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 007 ***158.75

DOCUMENT # P05000087771

1. Entity Name
KRUG PLUS TWO INC.



Principal Place of Business
**6820 SCOTT STREET
HOLLYWOOD, FL 33024 US**

Mailing Address
**6820 SCOTT STREET
HOLLYWOOD, FL 33024 US**

50007730



2. Principal Place of Business

3. Mailing Address

1862 FARM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272006

Chg-P

CR2E034 (11/05)

City & State

City & State

MIDDLEBURG FL

4. FEI Number

900243507

Applied For
Not Applicable

Zip

Country

Zip

32068

Country

USA

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

**KRUG, GARY
205 CUMBERLAND PARK LANE
SAINT AUGUSTINE, FL 32085**

Name

GARY M KRUG

Street Address (P.O. Box Number is Not Acceptable)

1862 FARM WAY

City

MIDDLEBURG

FL

Zip Code

32068

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

GARY M KRUG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

3-27-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KRUG, DIANE**
STREET ADDRESS **205 CUMBERLAND PARK LANE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32085**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KRUG, GARY**
STREET ADDRESS **205 CUMBERLAND PARK LANE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32085**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 27 06

Date

Daytime Phone #

954 6837885