

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90007 050 \*\*\*150.00

<b>DOCUMENT # P95000086381</b>					
<b>1. Entity Name</b> KRUSE ENTERPRISES OF NORTHWEST FLORIDA, INC.					
<b>Principal Place of Business</b> 36468 EMERALD CREST PKWY 6101 DESTIN, FL 32541			<b>Mailing Address</b> P.O BOX 309 FORT WALTON BEACH, FL 32549		
<b>2. Principal Place of Business</b> 34990 Emerald Coast Pkwy Suite, Apt. #, etc. Suite 401 City & State Destin, FL Zip 32541 Country US		<b>3. Mailing Address</b> 34990 Emerald Coast Pkwy Suite, Apt. #, etc. Suite 401 City & State Destin, FL Zip 32541 Country US			
01192004    Chg-P    CR2E034 (10/03)		<b>4. FEI Number</b> 59-3353390			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> KRUSE, CRAIG J 36468 EMERALD COAST PARKWAY SUITE 6101 DESTIN, FL 32541			<b>7. Name and Address of New Registered Agent</b> Name Craig J. Kruse Street Address (P.O. Box Number is Not Acceptable) 34990 Emerald Coast Pkwy. Suite 401 City Destin, FL    Zip Code 32541		
<b>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.</b> SIGNATURE:     DATE: 1/30/04 <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KRUSE, CRAIG J 36468 EMERALD COAST PKWY, SUITE 6101 DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Craig J. Kruse 34990 Emerald Coast Pkwy. Ste 401 Destin, FL 32541	<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
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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
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 1/30/04    Daytime Phone #: 850-269-1212		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					