

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000086381**

1. Entity Name

**KRUSE ENTERPRISES OF NORTHWEST FLORIDA, INC.**



Principal Place of Business

**34990 EMERALD COAST PKWY  
SUITE 401  
DESTIN, FL 32541**

Mailing Address

**34990 EMERALD COAST PKWY  
SUITE 401  
DESTIN, FL 32541**



01032006

No Chg-P

CR2E034 (11/05)

4. FEI Number

**59-3353390**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KRUSE, CRAIG J  
34990 EMERALD COAST PARKWAY  
SUITE 401  
DESTIN, FL 32541**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

**PST**

NAME

**KRUSE, CRAIG J**

STREET ADDRESS

**34990 EMERALD COAST PKWY, STE 401**

CITY-ST-ZIP

**DESTIN, FL 32541**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

1100000458571  
03/17/06-00050-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Craig J. Kruse*  
**Craig J. Kruse**

Date

*2/28/06*  
**2/28/06**

Daytime Phone #

*850 269-1212*  
**850 269-1212**