*2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all

Mar 31, 2005 08:00 AM **Secretary of State DOCUMENT # P97000021730** 1. Entity Name KOEHLER RUSSO ENTERPRISES INC. Principal Place of Business Mailing Address **3040 IBIS CT** P O BOX 17298 CLEARWATER, FL 33762 CLEARWATER, FL 33762 03252005 No Cha-P CR2E034 (10/03) Applied For 4. FEI Number 59-3057891 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALES, FRANK DO NOT WRITE **3040 IBIS CT** CLEARWATER, FL 33762 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIREC PCEO DILE NAME GONZALES, FRANK 3040 IBIS CT STREET ADDRESS : LIDOOO0282557 CITY - ST - ZIP CLEARWATER, FL 33762 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CMY-ST-ZIP IN THIS SPACE TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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