

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90047 003 ***150.00

DOCUMENT # P97000037733

1. Entity Name

KRUSE CONSTRUCTION COMPANY



Principal Place of Business

1331 S.DIXIE HWY W
 I-B
 POMPANO BEACH FL 33060

Mailing Address

1331 S.DIXIE HWY W
 I-B
 POMPANO BEACH FL 33060

42060044



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

1533 SW 28th Terr
 Suite, Apt. #, etc.

1533 SW 28th Terr
 Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0766187

Applied For

Not Applicable

Zip

Country

33312 USA

Zip

Country

33312 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

KRUSE, KEVIN
 1331 S.DIXIE HWY, STE 1-B
 POMPANO BEACH FL 33060

Name: Kruse, Kevin
 Street Address (P.O. Box Number is Not Acceptable): 1533 SW 28th Terr
 City: Fort Lauderdale FL Zip Code: 33312

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

Kevin Kruse Kevin Kruse Pres

3/22/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
 NAME: KRUSE, KEVIN Delete
 STREET ADDRESS: 1331 S.DIXIE HWY W.STE 1-B
 CITY-ST-ZIP: POMPANO BEACH FL 33060

TITLE: P
 NAME: Kruse, Kevin Change Addition
 STREET ADDRESS: 1533 SW 28th Terr.
 CITY-ST-ZIP: Fort Lauderdale, FL 33312

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
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TITLE: Delete
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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 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.

SIGNATURE:

Kevin Kruse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 954) 709-8026

Date

Daytime Phone #