2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED Sep 05, 2006 08:00 AN Secretary of State DOCUMENT # P97000044532 --1. Entity Name KRYLOV ENTERPRISES, INC. Principal Place of Business Mailing Address 5840 NW 122 DR 5840 NW 122 DR CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State City & State 65-0779009 Not Applicable Zıp \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRYLOV, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 5840 NW 122 DR CORAL SPRINGS FL 33076 Zip Code 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 registe FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 **\$5.00** May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State П not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Addition ☐ Change TITLE ☐ Delete THILE KRYLOV, ALEXANDER NAME NAME U00000576144 5840 NW 122 DR STREET ADDRESS STREET ADDRESS 09/05/05-80010-023 550.00 CORAL SPRINGS FL 33076 CiTY-ST-ZIP CITY - ST - ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP Delete THLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST - ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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