

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000001711

1. Entity Name
KRAUSE TRANSPORTATION, INC.



Principal Place of Business
3524 N. MCINTOSH ROAD
DOVER, FL 33527

Mailing Address
3524 N. MCINTOSH ROAD
DOVER, FL 33527



03272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3487421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KRAUSE, STEPHEN D
3524 N. MCINTOSH ROAD
DOVER, FL 33527

**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 _____ (NOTE: Registered Agent signature required when re-installing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRAUSE, STEPHEN D
STREET ADDRESS	3524 N. MCINTOSH ROAD
CITY - ST - ZIP	DOVER, FL 33527

TITLE	D
NAME	KRAUSE, SUSAN G
STREET ADDRESS	3524 N. MCINTOSH ROAD
CITY - ST - ZIP	DOVER, FL 33527

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/30/05-80055-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Susan G. Krause Stephen D. Krause 3-28-05 8136592107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #