2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000029152

1. Entity Name
KRACOR SOUTH, INC.

Principal Place of Business	Mailing Address
6590 ALVIN ROAD JACKSONVILLE, FL 32222	P.O. BOX 14420 JACKSONVILLE, FL 32238

DO NOT WRITE IN THIS SPACE

04252005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3362228		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINDSEY, TERESA
3916 BOGATA DR. N.
JACKSONVILLE, FL 32210

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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, 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	LINDSEY, JAMES K
STREET ADDRESS	6590 ALVIN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32222

TITLE	
NAME	
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CITY-ST-ZIP	

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04/27/05-80122-014   150.00

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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: _JAMES K LINDSEY_   4/24/05   904-813-3417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #