## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jun 02, 2006 08:00 AM Secretary of State **DOCUMENT # P98000059545** Entity Name F.E. KUÇERA, INC. Principal Place of Business Mailing Address 4834 S. LAKE DR. 4834 S. LAKE DR. BOYNTON BCH, FL 33436 BOYNTON BCH, FL 33436 05242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 65-0850190 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE KUCERA, FRANK E 4834 S. LAKE DR. IN THIS SPACE BOYNTON BCH, FL 33436 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. FITLE Tooloosessaa NAME KUCERA, FRANK E 4834 S. LAKE DR. STREET ADDRESS 06/02/06-80001-003 550:00 CITY-ST-ZIP BOYNTON BCH, FL 33436 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP

Frank E. Kucer

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5-31-06

561-734-3872

FILED

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