

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90034 001 \*\*\*150.00

**DOCUMENT # P98000077663**

1. Entity Name

KRUSE BROTHERS INVESTMENTS, INC.



Principal Place of Business

2151 WHITFIELD INDUSTRIAL WAY  
SARASOTA, FL 34243

Mailing Address

211 ROBIN DRIVE  
SARASOTA, FL 34236

40015430



01252008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0866130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~ESSENSEN, JAMES L~~ KRUSE, GEORGE W.  
~~2071 MAIN STREET~~ 2151 WHITFIELD INDUSTRIAL WAY  
~~SARASOTA, FL 34207~~ SARASOTA, FL ~~34207~~ 34243

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/2008

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV  
NAME KRUSE, THOMAS E  
STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE DP  
NAME KRUSE, ROBERT J  
STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE DST  
NAME KRUSE, GEORGE W  
STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GEORGE W. KRUSE, TREASURER

1-28-2008

941 296200