

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000083266	
1. Entity Name B.M.A. TALL ONE, INC.	

Principal Place of Business 2151 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243	Mailing Address 201 OSPREY POINT DR OSPREY, FL 34229
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02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0866138	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRUSE, GEORGE W 2151 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

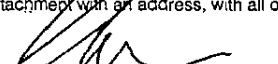
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRUSE, THOMAS E 2151 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRUSE, ROBERT J 2151 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRUSE, GEORGE W 2151 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/05-80030-010 150.00

**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 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:  **GEORGE W. KRUSE, PRESIDENT** 2-2-2005 941-739-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #