

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S79223

1. Entity Name
SCOTT DAVID KRUEGER, CHARTERED



Principal Place of Business
**2750 NW 43RD ST
STE 201
GAINESVILLE, FL 32606 US**

Mailing Address
**PO BOX 357099
GAINESVILLE, FL 32635 US**



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3084768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRUEGER, SCOTT D.
2750 NW 43RD STREET
STE 201
GAINESVILLE, FL 32606**

**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 state if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRUEGER, SCOTT DAVID
PO BOX 357099
GAINESVILLE, FL 32635**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000450183
03/09/06-80082-021 150.00

**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:

Scott David Krueger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06
Date

Daytime Phone #