


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # V05971 1. Entity Name OLD KRESS BUILDING COMPANY, INC.	
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Principal Place of Business 500 DUVAL ST. KEY WEST, FL 33040	Mailing Address 424-A FLEMING ST KEY WEST, FL 33040 US
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04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0391415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALCONE, ANTHONY V.
424-A FLEMING
KEY WEST, FL 33040

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P FALCONE, ANTHONY V. 500 DUVAL ST. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOUCHER, KEVIN 500 DUVAL STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DONNA K. 424-A FLEMING STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFETT, JIMMY 424-A FLEMING STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80048-013 150.00

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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)(f), 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: Donna K Smith Donna K Smith 4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #