

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000096775

**Entity Name:** KRAUS ASSOCIATES, INC.**Current Principal Place of Business:**326 PORTA ROSA CIRCLE  
ST. AUGUSTINE, FL 32092**Current Mailing Address:**7 INDEPENDENCE AVE  
DERRY, NH 03038**FEI Number:** 02-0529836**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRAUS, ELAINE M  
326 PORTA ROSA CIRCLE  
ST. AUGUSTINE, FL 32092 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR, CFO, TREASURER
Name	KRAUS, ELAINE M
Address	326 PORTA ROSA CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	VP, SECRETARY
Name	KRAUS, ARTHUR E
Address	7 INDEPENDENCE AVE
City-State-Zip:	DERRY NH 03038

Title	EXECUTIVE VICE PRESIDENT
Name	KRAUS, THOMAS A
Address	326 PORTA ROSA CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	PRESIDENT
Name	CHASE, JULIE
Address	326 PORTA ROSA CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32092

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE CHASE**PRESIDENT****01/30/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date