

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000039901

**Entity Name:** KR 727, INC.

**Current Principal Place of Business:**

46 N. WASHINGTON BLVD.  
SUITE 29  
SARASOTA, FL 34236

**Current Mailing Address:**

46 N. WASHINGTON BLVD.  
SUITE 29  
SARASOTA, FL 34236

**FEI Number:** 45-5198063

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LPS CORPORATE SERVICES, INC.  
46 N. WASHINGTON BLVD.  
SUITE 1  
SARASOTA, FL 34236 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 DPS  
Name SKRZYPEK, BETTINA D  
Address 46 N. WASHINGTON BLVD., SUITE 29  
City-State-Zip: SARASOTA FL 34236

Title DVP  
Name SKRZYPEK, GUENTHER P  
Address 46 N. WASHINGTON BLVD., SUITE 29  
City-State-Zip: SARASOTA FL 34236

Title T  
Name SHOAF, MARGARET  
Address 46 N. WASHINGTON BLVD., SUITE 29  
City-State-Zip: SARASOTA FL 34236

*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:** GUENTHER SKRZYPEK

**OFFICER**

**03/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date