


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State


DOCUMENT # 531566
 1. Entity Name
ROBERT C. KRATZ, INC.



Principal Place of Business
**13101 N. FLORIDA AVENUE
 TAMPA, FL 33612**

Mailing Address
**10110 TARPON SPRINGS RD
 ODESSA, FL 33556 US**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1753292	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

**KRATZ, ROBERT C.
 13101 N. FLORIDA AVENUE
 TAMPA, FL 33612**

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 title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

100000785923
 01/17/08-80020-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRATZ, ROBERT C. 13101 N. FLORIDA AVE. TAMPA FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRATZ, ROBERT C., JR. 13101 N. FLORIDA AVE. TAMPA FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRATZ, ROSEMARY 13101 N. FLORIDA AVE. TAMPA FL,
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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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: Robert C. Kratz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08 813-935-6660
Date Daytime Phone #