2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692612

Entity Name: KOOGLER AND ASSOCIATES, INC.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4014 NW 13TH ST. GAINESVILLE, FL 326091923				4014 NW 13TH ST. GAINESVILLE, FL 326091923 US		
Current Mailing Address:				New Mailing Address:		
4014 NW 13TH ST. GAINESVILLE, FL 326091923				4014 NW 13TH ST. GAINESVILLE, FL 326091923 US		
FEI Number:	59-2106049	FEI Number Applied For ()	FEI Numi	ber Not Appli	icable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name					Address o	f New Registered Agent:
KOOGLER, JOHN B P 4014 NW 13TH STREET GAINESVILLE, FL 326091923 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						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TD () I KOOGLER, JOHI 2240 N.W. 7TH L GAINESVILLE, F	.N.	1	Title: Name: Address: City-St-Zip:	2240 N.W. 7	(X) Change () Addition JOHN B PRES 'TH LN. LE, FL 32603 US
Title: Name: Address: City-St-Zip:	VP () I CULLEN, STEVE 125 HALF MOON MELROSE, FL 3	I TRAIL	1	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VP () I LAMB, ELENA E 16057 NW 243R HIGH SPRINGS,	D WAY	1	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VP () I LEE, MAXWELL 2920 NW 29TH S GAINESVILLE, F	STREET	1	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VP () [RAVAL, PRADEE 3606 NW 63RD I GAINESVILLE, F	PLACE	1	Title: Name: Address: City-St-Zip:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELENA E. LAMB V/P 01/11/2008