

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000003374
 1. Entity Name
 KRAUSS/SCHWARTZ PROPERTIES CORPORATION



Principal Place of Business
 715 N SHERRILL STREET
 TAMPA, FL 33609 US

Mailing Address
 P.O. BOX 23943
 TAMPA, FL 33623 US



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0426737	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

SCHWARTZ, JEFFREY H
 715 N. SHERRILL STREET
 TAMPA, FL 33609

**DO NOT WRITE
 HIS SPACE**

Original to be mailed

8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.

State of Florida. I am familiar with, and accept

SIGNATURE _____ (NOTE: Reg
 Signature, typed or printed name of registered agent and title if applicable)

DATE _____

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

9. Election Campaign Fin: Trust Fund Contribution.

100000913582
 05/03/08-80026-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIRIANNI, ANDREW T 715 N. SHERRILL STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHWARTZ, JEFFREY H 715 N SHERRILL STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOORE, CHARLENE D 715 N SHERRILL STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: CHARLENE D MOORE
Charlene D Moore, Sec/Treas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08
 Date

813-289-3180
 Daytime Phone #