

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # F05000005769

1. Entity Name
PAUL B. KREBS & ASSOCIATES, INC.



Principal Place of Business
**2100 RIVER HAVEN DRIVE, SUITE 100
BIRMINGHAM, AL 35244**

Mailing Address
**2100 RIVER HAVEN DRIVE, SUITE 100
BIRMINGHAM, AL 35244**



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0597292

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, RONALD U
STREET ADDRESS	808 WOOD POPPY COURT
CITY-ST-ZIP	BIRMINGHAM, AL 35244
TITLE	VS
NAME	HUFFMAN, GARY L
STREET ADDRESS	619 CAMDEN RIDGE
CITY-ST-ZIP	BIRMINGHAM, AL 35226
TITLE	SRV
NAME	GRAY, ROBERT W
STREET ADDRESS	355 STONE BROOK CIRCLE
CITY-ST-ZIP	BIRMINGHAM, AL 35226
TITLE	SRV
NAME	SWEITZER, JOHN M
STREET ADDRESS	1726 MOUNT PARAN ROAD NW
CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	V
NAME	HOKE, SCOTT
STREET ADDRESS	127 LORENA LANE
CITY-ST-ZIP	BIRMINGHAM, AL 35213
TITLE	V
NAME	ROEBUCK, PAUL
STREET ADDRESS	728 DIVIDING RIDGE DRIVE
CITY-ST-ZIP	BIRMINGHAM, AL 35244

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05/25/07-80052-019 150.00

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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:

Ronald U. Harris 5/01/07 205-987-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #