

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692612

Entity Name: KOOGLER AND ASSOCIATES, INC.**Current Principal Place of Business:**4014 NW 13TH ST.
GAINESVILLE, FL 32609-1923**Current Mailing Address:**PO BOX 5127
GAINESVILLE, FL 32627-5127 US**FEI Number:** 59-2106049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, MAXWELL RP
2920 NW 29TH STREET
GAINESVILLE, FL 32605 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	PD
Name	LEE, MAXWELL R PHD
Address	2920 NW 29TH STREET
City-State-Zip:	GAINESVILLE FL 32605

Title	VPD
Name	KOOGLER, JOHN B. PHD
Address	2240 NW 7TH LANE
City-State-Zip:	GAINESVILLE FL 32603

Title	VP/D
Name	ULMER, KYLE G
Address	8801 SW 45TH BOULEVARD
City-State-Zip:	GAINESVILLE FL 32608

Title	S/T
Name	HASKO, KIM S
Address	2210 NW 28TH STREET
City-State-Zip:	GAINESVILLE FL 32605

Title	VP/D
Name	SGRO, VERONICA N.
Address	3628 LIVE OAK HOLLOW DRIVE
City-State-Zip:	ORANGE PARK FL 32065

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: KIM HASKO**SECRETARY/TREASURER** 02/10/2025_____
Electronic Signature of Signing Officer/Director Detail_____
Date