

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90025 001 ***150.00

DOCUMENT # 307044 1. Entity Name JAMES S. KROGEN AND CO., INC.			
Principal Place of Business 428 AKRON AVE 5A STUART, FL 34994 US		Mailing Address 428 AKRON AVE 5A STUART, FL 34994 US	
2. Principal Place of Business - No P.O. Box # 1408 SW Peninsula Ln.		3. Mailing Address 2740 SW Martin Downs Blvd.	
Suite, Apt. #, etc. 225		Suite, Apt. #, etc. 225	
City & State Palm City, FL.		City & State Palm City, FL.	
Zip 34990		Zip 34990	
Country USA		Country USA	
4. FEI Number 59-1144073		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROGEN JAMES M 428 AKRON AVE STE 5A STUART, FL 34994		7. Name and Address of New Registered Agent Name Same agent Street Address (P.O. Box Number is Not Acceptable) 1408 SW Peninsula Ln. City Palm City FL Zip Code 34990	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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 Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD KROGEN, JAMES M. 428 AKRON AVE., STE. 5A STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	}... Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1408 SW Peninsula Ln. Palm City, FL. 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KROGEN, KURT M 428 AKRON AVE., STE. 5A STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: James M. Krogen / James M. Krogen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		April 8, 2008 (TM) 341-7341 Date Daytime Phone #	