

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 690392

1. Entity Name
L. JOSEPH SEEGER, INC.



Principal Place of Business

6805 52ND AVE
KENOSHA, WI 53142 US

Mailing Address

6805 52ND AVE
KENOSHA, WI 53142 US

FILED
Apr 10, 2007 08:00 AM
Secretary of State



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2146028	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERRY, HENRY
1609 AVOCADS AVE
MELBOURNE, FL 32935

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	P SEEGERS, JOSEPH L 6805 52ND AVE KENOSHA, WI 53142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MAITLAND, LAURA J 504 68TH ST KENOSHA, WI 53143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FINN, SHARON 12621 E CALLE TITILA TUCSON, AZ 85749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/07-80010-021 158.75

**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: Joseph Seeger L. JOSEPH SEEGER 4/5/07 262-453-9695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #