## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F52759

1. Entity Name

JOERG F. JAEGER ATTORNEY AT LAW, P.A.



Principal Place of Business

Mailing Address

217 E IVANHOE BLVD N ORLANDO, FL 32804 217 E IVANHOE BLVD N ORLANDO, FL 32804

## FILED Jan 12, 2007 08:00 AM Secretary of State



01042007

No Cha-F

CR2E034 (11/05)

4. FEI Number 59-2133978

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAEGER, JOERG F 217 E IVANHOE BLVD N ORLANDO, FL 32804

## DO NOT WRITE

ORLANDO	D, FL 32804	ÎN.	THIS SPACE
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered	d Agent aignatura required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 9. Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	** (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
10. Title Name Street address City-St-Zip	OFFICERS AND DIRECTORS  DP  JAEGER, JOERG F 217 E IVANHOE BLVD N ORLANDO, FL		U00000584945 01712707-80059-015 150 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		n ni s	שני 150.00 בנים הפטטפר 150.000 ביים המליח ה
TITLE NAME STREET ADORESS CITY-ST-ZIP		<b>.</b>	NOT WRITE
TITLE Name Street address : City-St-Zip			THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP		and the second s	
TITLE Name Street address : City-St-71P			The same of the sa

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 min an accuracy, with all other like empowered.

SIGNATURE:

RE AND THE OP RIM ED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/07

407-894-0341