

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2008 08:00 AM
Secretary of State**

DOCUMENT # F93000003374

1. Entity Name
KRAUSS/SCHWARTZ PROPERTIES CORPORATION



Principal Place of Business
**715 N SHERRILL STREET
TAMPA, FL 33609 US**

Mailing Address
**P.O. BOX 23943
TAMPA, FL 33623 US**



01032008 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0426737	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

**SCHWARTZ, JEFFREY H
715 N. SHERRILL STREET
TAMPA, FL 33609**

8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg

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*Original to
be mailed*

State of Florida. I am familiar with, and accept

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Fin
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIRIANNI, ANDREW T 715 N. SHERRILL STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHWARTZ, JEFFREY H 715 N SHERRILL STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOORE, CHARLENE D 715 N SHERRILL STREET TAMPA, FL 33609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *CHARLENE D MOORE*
Charlene D Moore, Sec/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08
Date

813-289-3180
Daytime Phone #