


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # H69313
 1. Entity Name
 JOHN E. GRIEGER, INC.



Principal Place of Business
 1820 N CRYSTAL LAKE DR
 LAKELAND, FL 33801 US

Mailing Address
 1820 N CRYSTAL LAKE DR
 LAKELAND, FL 33801 US

DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2568898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIZZARD, BOB
 100 S KENTUCKY AVE
 S260
 LAKELAND, FL 33801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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	PD GRIEGER, JOHN 1112 NORTH CASEY KEY ROAD OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GRIEGER, KAREN ANN 1112 NORTH CASEY KEY ROAD OSPREY, FL 34229
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Day/Time Phone # _____