


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 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



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2568898

Applied For
Not Applicable

5. Certificate of Status Desired \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	PD
NAME	GRIEGER, JOHN
STREET ADDRESS	1112 NORTH CASEY KEY ROAD
CITY - ST - ZIP	OSPREY, FL 34229
TITLE	DVT
NAME	GRIEGER, KAREN ANN
STREET ADDRESS	1112 NORTH CASEY KEY ROAD
CITY - ST - ZIP	OSPREY, FL 34229
TITLE	S
NAME	GRIEGER, KAREN ANN
STREET ADDRESS	1112 NORTH CASEY KEY ROAD
CITY - ST - ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/26/07-80057-001 150.00

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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:  2-2-07 867-667-0447

SIGNATURE AND FULL UNABBREVIATED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #