


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 <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

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

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

DO NOT WRITE IN THIS SPACE

U00000637327
02/26/07-80057-001 150.00

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:  DATE: 2-2-07 DAYTIME PHONE #: 867-667-0447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR