



**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90076 041 \*\*\*150.00

<b>DOCUMENT # H69313</b>					
1. Entity Name <b>JOHN E. GRIEGER, INC.</b>					
Principal Place of Business <b>1820 N CRYSTAL LAKE DR LAKELAND FL 33801 US</b>			Mailing Address <b>1820 N CRYSTAL LAKE DR LAKELAND FL 33801 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E034 (10/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2568898</b>	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>GRIZZARD, BOB 100 S KENTUCKY AVE S260 LAKELAND FL 33801</b>				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE _____				Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of signatory and title, if applicable. (NOTE: Registered Agent signature required when applicable)				City	
DATE _____				FL Zip Code	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIEGER, JOHN			NAME	
STREET ADDRESS	1112 NORTH CASEY KEY ROAD			STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229			CITY-ST-ZIP	
TITLE	DVT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIEGER, KAREN ANN			NAME	
STREET ADDRESS	1112 NORTH CASEY KEY ROAD			STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIEGER, KAREN ANN			NAME	
STREET ADDRESS	1112 NORTH CASEY KEY ROAD			STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		John Grieger		1-23-08	865-667-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	PHONE NUMBER