

FILED

07 APR 16 PM 3:21

CRIMINAL JUSTICE STATE
TALLAHASSEE, FLORIDA

Mailing Address
P. O BOX 9542
MELBOURNE, FL 32902-9542



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
62-1439208	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting

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 NAME STREET ADDRESS CITY - ST - ZIP	CT KRIEGER, ROBERT E. 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DONALD KRIEGER 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAXINE D. KRIEGER 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT E. KRIEGER, JR. 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS KRIEGER 1725 KRIEGER DR MALABAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

700098563977
04/25/07--01022--014 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further, I 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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 MONITORING OFFICER OR DIRECTOR

SEC/DIR

03/16/07

Dein

(321) 724-9542

Daniels Phone #