

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # J06476

1. Entity Name
KRIEGER PUBLISHING COMPANY



Principal Place of Business

**1725 KRIEGER DRIVE
MALABAR, FL 32950**

Mailing Address

**P. O BOX 9542
MELBOURNE, FL 32902-9542**



02162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1439208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRIEGER, ROBERT E
1725 KRIEGER DRIVE
MALABAR, FL 32950**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000834502
02/28/08-80055-013 150.00**

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	

**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. 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

MAXINE D. KRIEGER, SEC.

22 Feb 08

Date

(321) 724-9542

Daytime Phone #