

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015858

Entity Name: KRATZ AUTOMOTIVE, INC.

FILED  
Jan 03, 2007  
Secretary of State

**Current Principal Place of Business:**

7602 N MAIN STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

2934 SQUIRREL COURT  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 59-3630837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRATZ, JACKY  
2934 SQUIRREL COURT  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KRATZ, JACKY  
Address: 2934 SQUIRREL COURT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP ( ) Delete  
Name: KRATZ, JERRY  
Address: 7610 WYCOMBE DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKY KRATZ

P

01/03/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date