


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000066496 1. Entity Name JOYCE D. KROTCHKE & ASSOCIATES, INC.	
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Principal Place of Business 11272 NW 17TH CT. RD. OCALA, FL 34475 US	Mailing Address 11272 NW 17TH CT. RD. OCALA, FL 34475 US
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3694134	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

KROTCHKE, JOYCE D
11272 NW 17TH CT. RD.
OCALA, FL 34475

**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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KROTCHKE, JOYCE D 11272 NW 17TH CT RD OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROTCHKE, MAX 11272 NW 17TH CT. RD. OCALA, FL 34475
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05/29/07-80037-022 150.00

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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: *Max Krotchke* MAX KROTCHKE - SECT. 5-4-07 352-854-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #