


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90010 020 ***150.00

DOCUMENT # P02000133679	
1. Entity Name LAW OFFICE OF RICHARD D. KRISEMAN, P.A.	

Principal Place of Business 5225 CENTRAL AVE ST PETERSBURG, FL 33710	Mailing Address 5225 CENTRAL AVE ST PETERSBURG, FL 33710
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60003607

2. Principal Place of Business 5304 - 1 ST AVENUE NORTH Suite, Apt. #, etc.	3. Mailing Address 5304 - 1 ST AVENUE NORTH Suite, Apt. #, etc.
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01262006 Chg-P CR2E034 (11/05)

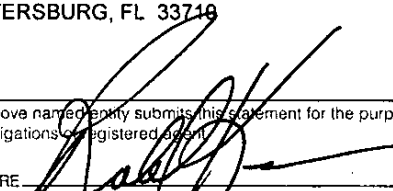
City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33710	Country U.S.A.
Zip 33710	Country U.S.A.

4. FEI Number 65-1167104	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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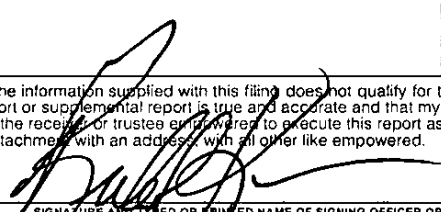
6. Name and Address of Current Registered Agent KRISEMAN, RICHARD D 5225 CENTRAL AVE ST PETERSBURG, FL 33710	
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7. Name and Address of New Registered Agent	
Name RICHARD D. KRISEMAN	
Street Address (P.O. Box Number is Not Acceptable) 5304 - 1 ST AVENUE NORTH	
City ST. PETERSBURG	FL
Zip Code 33710	

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 	DATE 1-30-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRISEMAN, RICHARD D 5225 CENTRAL AVE ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RICHARD D. KRISEMAN 5304 - 1 ST AVENUE NORTH ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 1-30-06 (727) 328-2211