2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000173539

1. Entity Name
FREDERICK JOSEPH KRIM, JR., P.A.

Principal Place of Business	Mailing Address
505 SE 50TH AVE	505 SE 50TH AVE
OCALA, FL 34471	OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

03192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2045206	Not Applicable

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

6. Name and Address of Current Registered Agent

KRIM, FREDERICK J JR.
505 SE 50TH AVE
OCALA, FL 34471

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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, 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	D
NAME	KRIM, FREDERICK J JR.
STREET ADDRESS	505 SE 50TH AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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04/06/07-80044-024 150.00

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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: _Frederick Joseph Krim Jr_ Pres.   3-28-2007 352-694-5808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #