


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90027 024 ***150.00

DOCUMENT # P05000002361					
1. Entity Name KRISTA FRACKE, P.A.					
Principal Place of Business 7954 MT. RANIER DRIVE JACKSONVILLE, FL 32256			Mailing Address 7954 MT. RANIER DRIVE JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # 331 SOPHIA TERRACE		3. Mailing Address 331 SOPHIA TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST AUGUSTINE FL		City & State ST AUGUSTINE FL		4. FEI Number 20-2112509	
Zip 32095		Country		Applied For <input type="checkbox"/> Not Applicable	
City & State ST AUGUSTINE FL		City & State ST AUGUSTINE FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32095		Country		50222007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent FRACKE, KRISTA 7954 MT. RANIER DRIVE JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent FRACKE, KRISTA 331 SOPHIA TERRACE ST AUGUSTINE FL 32095		
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: <u>Krista Fracke</u> KRISTA FRACKE PRESIDENT 5/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FRACKE, KRISTA 7954 MT. RANIER DRIVE JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FRACKE, KRISTA 331 SOPHIA TERRACE ST AUGUSTINE FL 32095 <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: <u>Krista Fracke</u> KRISTA FRACKE 5/22/07 904 333 8595 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					