

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000086581

Entity Name: JAMES E. KRAUSE, P.A.

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

219 N. NEWNAN STREET  
FOURTH FLOOR  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

219 N. NEWNAN STREET  
FOURTH FLOOR  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

FEI Number: 26-3860296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRAUSE, JAMES E  
219 N. NEWNAN STREET  
FOURTH FLOOR  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: KRAUSE, JAMES E  
Address: 219 N. NEWNAN STREET, FOURTH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES E KRAUSE

PRES

02/11/2011

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

\_\_\_\_\_  
Date