2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000093108

1. Entity Name
JOSEPH E. FRECK, P.A.

Principal Place of Business	Mailing Address
4141 NW 37TH PLACE GAINESVILLE, FL 32606	4141 NW 37TH PLACE GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

04162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3346928	Not Applicable

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

6. Name and Address of Current Registered Agent

FRECK, JOSEPH E
4141 NW 37TH PLACE
GAINESVILLE, FL 32606

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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	FRECK, JOSEPH E
STREET ADDRESS	4141 NW 37TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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IN THIS SPACE

U00000716508
04/30/07-80011-015 150.00

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. Joseph E. Freck

SIGNATURE: _Joseph E. Freck_ President 4/16/07 (352)284-1537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director   Date   Daytime Phone #