## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000024677

1. Entity Name
JACK KRIEGER, P.A.



FILED Apr 17, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

1514 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952 POST OFFICE BOX 7278 PORT ST. LUCIE, FL 34985



DO NOT WRITE IN THIS SPACE

 
 04012008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 65-0908267
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIEGER, JOHN J 1514 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its req	gistered office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Re	egistered Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSD KRIEGER, JOHN J 1514 S.E. PORT ST. LUCIE BOULEV/PORT ST. LUCIE, FL 34952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN J	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			· .	,	

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:

STREET ADDRESS CITY-ST-ZIP

INATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR D

T. KRIEGER

4-15-08

772-337-3180