


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # V48346 1. Entity Name MITTAUER & ASSOCIATES, INC.	
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Principal Place of Business 580-1 WALLS RD ORANGE PARK FL 32073 US	Mailing Address 580-1 WALLS RD ORANGE PARK FL 32073 US
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2. Principal Place of Business - No P.O. Box # 580-1 Wells Road Suite, Apt. #, etc.	3. Mailing Address 580-1 Wells Road Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Orange Park FL Zip 32073 Country US	City & State Orange Park FL Zip 32073 Country US
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4. FEI Number 59-3134981	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MITTAUER, JOSEPH A. 3130 NAUTILUS ROAD MIDDLEBURG FL 32068-9674	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MITTAUER, JOSEPH A. 3130 NAUTILUS ROAD MIDDLEBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01/29/08-80075-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Joseph A. Mittauer 1-22-08 (904) 278-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR