

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092990

FILED
Jan 30, 2009
Secretary of State

Entity Name: SUSAN CRABB & ASSOCIATES, P.A.

Current Principal Place of Business:

2215 SE FORT KING ST
SUITE B
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2215 SE FORT KING ST
SUITE B
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-3076610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRABB, SUSAN D
3919 SE 17TH PLACE
OCALA, FL, FL 34471 US

Name and Address of New Registered Agent:

CRABB, SUSAN D
3919 SE 17TH PLACE
OCALA, FL 34471 US

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

01/30/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: CRABB, SUSAN D
Address: 3919 SE 17TH PLACE
City-St-Zip: Ocala, FL 34471

Title: T () Delete
Name: ALLEN, MISSY Y
Address: 5974 NE 26TH AVENUE
City-St-Zip: Ocala, FL 34479

Title: S () Delete
Name: POLE, THERESA S
Address: 3419 SE 41ST PLACE
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ALLEN, MISSY Y
Address: 2119 NE 40TH AVE
City-St-Zip: Ocala, FL 34470

Title: S (X) Change () Addition
Name: POLE, THERESA S
Address: 1823 SW 28TH ST
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MISSY ALLEN

Electronic Signature of Signing Officer or Director

T

01/30/2009

Date