

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092990

**FILED**  
**Feb 11, 2012**  
**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 ( )**

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

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

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

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: SUSAN D CRABB

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02/11/2012

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

\_\_\_\_\_  
Date