


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 17, 2008 08:00 AM
Secretary of State**

DOCUMENT # P96000079480
1. Entity Name
MCCRABY & ASSOCIATES, INC.



Principal Place of Business Mailing Address
**6771 CYPRESS COVE CIR
JUPITER, FL 33458 US** **6771 CYPRESS COVE CIR
JUPITER, FL 33458 US**

DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0705595 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCRABY, LELAND
6771 CYPRESS COVE CIRCLE
MAILING 103 US HWY 1 STE F5158
JUPITER, FL 33477**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCRABY, LELAND E
STREET ADDRESS	6771 CYPRESS COVE CIRCLE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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04/02/08-80008-011 150.00

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IN THIS SPACE**

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: Leland E. McCrary, President 3/14/08 561-746-1841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #