

**-2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P97000107373**

1. Entity Name  
W. CRAIG EAKIN, P.A.



Principal Place of Business  
2900 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306

Mailing Address  
2900 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0812785

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

EAKIN, W CRAIG  
2900 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and file it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

1100000380199  
01/11/06-80004-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME EAKIN, W CRAIG  
STREET ADDRESS 2900 E OAKLAND PARK BLVD  
CITY-ST-ZIP FT LAUDERDALE, FL 33306

TITLE PVST  
NAME EAKIN, W CRAIG  
STREET ADDRESS 2900 E OAKLAND PARK BLVD  
CITY-ST-ZIP FT LAUDERDALE, FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. CRAIG EAKIN

1/5/06

954-566-7417

Date

Daytime Phone #