2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000107373

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



FILED Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

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



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

65-0812785

\$8.75 Additional Fee Required

Not Applicable

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

the obligations of registered agent.	ng its registered office of registered agent, or bo	in, in the State of Florida.	an ianina win, and ac	Сері
SIGNATURE				
	(NOTE: Registered Agent signature required when reinstating)	D	ATE	•

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 000000794251 01/25/08-80041-014 150.00

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAKIN, W CRAIG 2900 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST EAKIN, W CRAIG 2900 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 in true and accurate any 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 of using explanation to execute this proof 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 attacks, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/08 954.566

Daytime Phone #