## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 254407**

DAVIE, DOUĞLAS

18360 103RD TRAIL SOUTH

BOCA RATON, FL 33498

Name:

Address:

City-St-Zip:

CRAVEN THOMPSON & ASSOCIATES INC.

FILED Jan 14, 2008 Secretary of State

Entity Na	me: CRAVEN	, THOMPSON & ASSOCI	ATES, INC.			
Current Principal Place of Business:			New Prin	cipal Place	e of Business:	
	53RD STREET JDERDALE, F					
Current Mailing Address:			New Mail	New Mailing Address:		
	53RD STREET JDERDALE, F					
FEI Number	: 59-0948029	FEI Number Applied For (	) FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and	Address of (	Current Registered Agen	t: Name and	l Address	of New Registered Agent:	
3563 NW :	LD, THOMAS   53RD ST ERDALE, FL 3					
	named entity e of Florida.	submits this statement for	the purpose of changing	its register	ed office or registered agent, or both,	
SIGNATU	RE:					
	Electron	nic Signature of Registered	d Agent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DPT ( MCDONALD, T 7630 MARBLE PARKLAND, FI	HEAD LANE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VS ( COLE, ROBER 1629 SE 2ND ( FT. LAUDERDA	COURT	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( HANDLEY, JOS 1734 N.E. 20TH FT. LAUDERDA	HAVE. UNIT#3	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	V (	) Delete	Title:	V	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

PRYCE, RICHARD

**DAVIE, FL 33326** 

13901 SW 26TH STREET

SIGNATURE: THOMAS M. MCDONALD PRES 01/14/2008