

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90101 048 \*\*\*150.00

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01082007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 460223</b> 1. Entity Name CRARY, BUCHANAN, BOWDISH, BOVIE, BERES, ELDER & WILLIAMSON, CHARTERED					
Principal Place of Business 555 COLORADO AVE. #1 P.O. DRAWER 24 STUART, FL 34994			Mailing Address 555 COLORADO AVE. #1 P.O. DRAWER 24 STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1548347</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  BUCHANAN, LARRY E. 555 COLORADO AVE. #1 STUART, FL				7. Name and Address of New Registered Agent Name <b>James L.S. Bowdish</b> Street Address (P.O. Box Number is Not Acceptable) <b>555 Colorado Avenue</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34994</b>	
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 <u>James L.S. Bowdish</u> <b>James L.S. Bowdish</b> <u>1/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWDISH, JAMES L S 471 NE TOWN TERRACE JENSEN BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD James L.S. Bowdish 471 NE Town Terrace Jensen Beach, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOVIE, GEORGE F III 3515 SW ASPEN PLACE PALM CITY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Steven D. Beres 4228 S.W. Oakhaven Lane Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRARY, WILLIAM F II 722 SW KEATS AVENUE PALM CITY, FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert J. Elder 4 Marguerita Drive Stuart, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BUCHANAN, LARRY E 2254 SW WHITEMARSH WAY PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jennifer L. Williamson 3003 S.W. 28th Street Okeechobee, FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CRARY, LAWRENCE E. III 231 SE EDGEWOOD DRIVE STUART, FL 34996 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRARY, R. MICHAEL 1 WENDY LANE STUART, FL 34996 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Lawrence E. Crary III</u> <b>Lawrence E. Crary III, Secretary</b> <u>01/09/07</u> (772) 287-2600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					