



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 460223		
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
DO NOT WRITE IN THIS SPACE		
		
01082008 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-1548347		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BOWDISH, JAMES L 555 COLORADO AVENUE STUART, FL 34994		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000832782 02/27/08-80071-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOWDISH, JAMES L S 471 NE TOWN TERRACE JENSEN BEACH, FL 34957	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOVIE, GEORGE F III 3515 SW ASPEN PLACE PALM CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRARY, WILLIAM F II 722 SW KEATS AVENUE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERES, STEVEN D 4228 S.W. OAKHAVEN LANE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CRARY, LAWRENCE E. III 231 SE EDGEWOOD DRIVE STUART, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRARY, R. MICHAEL 1 WENDY LANE STUART, FL 34996	
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> Vice-Pres./Sec. 02/07/08 772-287-2600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printing</small>		