
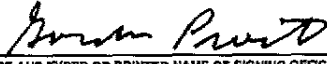


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 464983		
1. Entity Name PROCTOR, CROOK, & CROWDER, P.A.		
Principal Place of Business 33 FLAGLER AVE. STUART, FL 34994		Mailing Address 33 FLAGLER AVE. STUART, FL 34994
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PROCTOR, GORDON O 1110 N.E. TOWN TERRACE JENSEN BEACH, FL		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, 2005 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		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	PROCTOR, GORDON O	
STREET ADDRESS	1110 N.E. TOWN TERRACE	
CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	VT	
NAME	CROOK, MICHAEL T	
STREET ADDRESS	33 S. FLAGLER AVE.	
CITY-ST-ZIP	STUART, FL	
TITLE	D	
NAME	CROWDER-MCCOY, NANCY B	
STREET ADDRESS	33 FLAGLER AVE.	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	
NAME	SANDERS, WAYNE S	
STREET ADDRESS	33 FLAGLER AVE.	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	
NAME	PAYNE, KEVIN M	
STREET ADDRESS	33 SW FLAGLER AVE.	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	
NAME	LAYCOCK, TODD J	
STREET ADDRESS	33 FLAGLER AVE	
CITY-ST-ZIP	STUART, FL 34994	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1556056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/25/05-80083-014 150.00

Date Daytime Phone #