


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90099 020 ***150.00

DOCUMENT # F42201 1. Entity Name PHILLIP T. CRENSHAW, P.A.			
Principal Place of Business 3175 S CONGRESS AVE SUITE 301 PALM SPRINGS, FL 33461 US		Mailing Address 3175 S CONGRESS AVE SUITE 301 PALM SPRINGS, FL 33461 US	
2. Principal Place of Business 1555 Palm Beach Lakes Blvd.		3. Mailing Address 1555 Palm Beach Lakes Blvd.	
Suite, Apt. #, etc. Suite 920 City & State West Palm Beach, FL		Suite, Apt. #, etc. Suite 920 City & State West Palm Beach, FL	
Zip 33401	Country USA	Zip 33401	Country USA
4. FEI Number 59-2121523		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 CRENSHAW, PHILLIP T 3175 S CONGRESS AVE SUITE 301 PALM SPRINGS, FL 33461		7. Name and Address of New Registered Agent Name Crenshaw, Phillip T Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd. Suite 920 City West Palm Beach FL Zip Code 33401	
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><i>Phillip T. Crenshaw</i></u> 2/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRENSHAW, PHILLIP T 3175 S CONGRESS AVE., SUITE 301 PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Crenshaw, Phillip T 1555 Palm Beach Lakes Blvd., Ste. 920 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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><i>Phillip T. Crenshaw, Inc.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/22/06 (561) 439-6100 <small>Date Daytime Phone #</small>	