

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90215 013 ***150.00

DOCUMENT # F59483 1. Entity Name CRANDELL AND ASSOCIATES, INC.			
Principal Place of Business C/O RONALD G. CRANDELL 6200 N.W. 44TH STREET, APT. 104 LAUDERHILL FL 33319-4427 US		Mailing Address C/O RONALD G. CRANDELL 6200 N.W. 44TH STREET, APT. 104 LAUDERHILL FL 33319-4427 US	
2. Principal Place of Business 120 E. OAKLAND PARK BLVD. SUITE 106 FT. LAUDERDALE, FL 33334-1106 US		3. Mailing Address 120 E. OAKLAND PARK BLVD. SUITE 106 FT. LAUDERDALE, FL 33334-1106 US	
4. FEI Number 59-2148885		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 CRANDELL, RONALD G. 6200 N.W. 44TH STREET, APT. 104 LAUDERHILL FL 33319-4427		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PTD CRANDELL, RONALD G. 6200 NW 44TH ST., #104 LAUDERHILL FL 33319-4427 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D RONALD G. CRANDELL 6200 NW 44TH STREET, #104 LAUDERHILL FL 33319-4427 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BEYER, PATRICIA A. 660 SE 7TH AVE. POMPANO BEACH FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-D PATRICIA A. BEYER 660 SE 7TH AVENUE POMPANO BEACH, FL 33060 <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	S-T-D MAUREEN A. THOMAS 10681 N.W. 28TH PLACE SUNRISE, FL 33322-1066 <input type="checkbox"/> Change <input checked="" 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 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: <u>Ronald G. Crandell</u> RONALD G. CRANDELL 4/25/05 954-565-9903 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			