

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90098 043 ***550.00

DOCUMENT # F70899

1. Entity Name

MARIE ALICE CRANO, P.A.



Principal Place of Business

~~XXXXXX~~ Same
~~PO BOX 186~~
~~LAKE WATERS FL 33884-1255~~

Mailing Address

3005 SILVERADO TERRACE
WINTER HAVEN FL 33884-1255



2. Principal Place of Business

3005 Silverado Terrace

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Winter Haven, Florida

City & State

same

4. FEI Number

59-2170934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRANO, MARIE ALICE
3005 SILVERADO TERRACE
WINTER HAVEN FL 33884-1255

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CRANO, MARIE ALICE	
STREET ADDRESS	PO BOX 186 15381 HWY 27 3005 Silverado Te	
CITY- ST- ZIP	LAKE WATERS FL 33884-1255 Winter Haven, Fl	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP	33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

Marie Alice Crano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-05

863-3246099
Date Daytime Phone #