

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM  
Secretary of State

DOCUMENT # H34115

1. Entity Name  
MICHAEL A. CRAVEN, P.A.



Principal Place of Business  
21517 VILLAGE LAKES CENTER  
LAND O'LAKES, FL 34639 US

Mailing Address  
21517 VILLAGE LAKES CENTER  
LAND O'LAKES, FL 34639 US

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2473249

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAVEN, MICHAEL A.  
21517 VILLAGE LAKES CENTER  
LAND O'LAKES, FL 34639

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

*Michael A. Craven*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S  
NAME CRAVEN, LINDA L.  
STREET ADDRESS 21517 VILLAGE LAKES CENTER  
CITY-ST-ZIP LAND O LAKES, FL

TITLE PT  
NAME CRAVEN, MICHAEL A.  
STREET ADDRESS 21517 VILLAGE LAKES CENTER  
CITY-ST-ZIP LAND O LAKES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

UN0000343190  
04/29/05-80085-014 150.00

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:

*Michael A. Craven DC PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 813 9495869

Date

Daytime Phone #