

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34115

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

5420 LAND O LAKES BLVD
SUITE 105
LAND O'LAKES, FL 34639 US

Current Mailing Address:

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

New Mailing Address:

5420 LAND O LAKES BLVD
SUITE 105
LAND O'LAKES, FL 34639 US

FEI Number: 59-2473249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CRAVEN, MICHAEL A.
5420 LAND O LAKES BLVD
SUITE 105
LAND O'LAKES, FL 34639 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CRAVEN, LINDA L.
Address: 21517 VILLAGE LAKES CENTER
City-St-Zip: LAND O LAKES, FL 34639 US

Title: PT () Delete
Name: CRAVEN, MICHAEL A.
Address: 21517 VILLAGE LAKES CENTER
City-St-Zip: LAND O LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CRAVEN, LINDA L.
Address: 5420 LAND O LAKES BLVD, SUITE 105
City-St-Zip: LAND O LAKES, FL 34639 US

Title: PT (X) Change () Addition
Name: CRAVEN, MICHAEL A.
Address: 5420 LAND O LAKES BLVD, SUITE 105
City-St-Zip: LAND O LAKES, FL 34639 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L CRAVEN

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date