

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # H60157
 1. Entity Name
JAMES DICKSON CROCK, P.A.



Principal Place of Business JAMES DICKSON CROCK, ESQ. 444 SEABREEZE BLVD STE 650 DAYTONA BEACH, FL 32118 US	Mailing Address JAMES DICKSON CROCK, ESQ. 444 SEABREEZE BLVD STE 650 DAYTONA BEACH, FL 32118 US
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02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2563433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROCK, JAMES D ESQ
444 SEABREEZE BLVD STE 650
DAYTONA BEACH, FL 32118

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 _____
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROCK, JAMES D ESQ 444 SEABREEZE BLVD STE 65 DAYTONA BEACH, FL
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 02/28/08-80035-012 150.00

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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: *James Dickson Crock* **2-18-08** **386-255-9202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #