2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J86879

1. Entity Name

ROBERT D. CRITTON, JR., P.A.



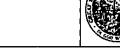
FILED Feb 11, 2008 08:00 AM Secretary of State

Principal Place of Business

515 N FLAGLER DR

#400

WEST PALM BEACH, FL 33401



Mailing Address

515 N FLAGLER DR

#400

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH, FL 33401



01102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2843140

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRITTON, ROBERT D., JR 515 N FLAGLER DR #400

WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

the obligat	lions of registered agent.	urpose of changing its registered offi	ce or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little lit	applicable. (NOTE: Registered Agent	elgnature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRITTON, ROBERT D., JR 515 W. FLAGLER DR. #400 WEST PALM BEACH, FL 33401			٠,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRITTON, ROBERT D JR 515 N. FLAGLER DR. #400 WEST PALM BEACH, FL 33401		ŧ		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			;		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ŧ		

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 the 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:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

700 2-8.08 Date J6/-840082