

**2007 FOR PROFIT CORPORATION
ANNUAL-REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000121908

1. Entity Name
RONALD E. CRESCENZO, P.A.



Principal Place of Business
515 N. FLAGLER DR., SUITE 1800
W. PALM BCH, FL 33401

Mailing Address
515 N. FLAGLER DR., SUITE 1800
W. PALM BCH, FL 33401



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0557617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRESCENZO, RONALD E
515 N. FLAGLER DR., SUITE 1800
W. PALM BCH, FL 33401

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME CRESCENZO, RONALD E
STREET ADDRESS 515 N. FLAGLER DR., SUITE 1800
CITY-ST-ZIP W. PALM BCH, FL 33401

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U00000583390
01/11/07-80070-007 150.00

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IN THIS SPACE**

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: _____

RONALD E. CRESCENZO 1/8/07

561-832-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #