2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000075601 1. Entity Name MELISA T. CROSBY PT, P.A. Principal Place of Business 505 A ATLANTIC AVE INTERLACHEN, FL 32148 Mailing Address 505 A ATLANTIC AVE INTERLACHEN, FL 32148 O1052007 No Chg-P 4. FEI Number 20-1122113 5. Certificate of Status Desire 6. Name and Address of Current Registered Agent CROSBY, MELISA T 521 YELVINGTON ROAD EAST PALATKA, FL 32131 Mailing Address Mailing Address Mailing Address 505 A ATLANTIC AVE INTERLACHEN, FL 32148 O1052007 No Chg-P 4. FEI Number 20-1122113 5. Certificate of Status Desire IN THIS S

FILED
May 03, 2007 08:00 AM
Secretary of State

CR2E034 (11/05)

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				4. FEI Numb			Applied For	
				20-112	22113		Not Applicable	
				5. Certificate	of Status Desired		.75 Additional Required	
6. Name and Address of Current Registered Agent				I	· · · · · · · · · · · · · · · · · · ·			
CROSBY, MELISA T 521 YELVINGTON ROAD				DO NOT WRITE				
EAST PALATKA, FL 32131								
· · · · · · · · · · · · · · · · · · ·			IN THIS SPACE					
			,					
8. The above	named entity submits this statement for the p	ed office or rec	istered agent, or bo	th, in the State of Flori	da. Lam fam	iliar with, and accept		
the obligations of registered agent.								
SIGNATURE	Molise 2. (ND		27		7			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE								
9. Election Campaign Finance				45.00				
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Trust Fund Contribution.		\$5.00 May Be Added to Fees				
					<u></u>			
10.	OFFICERS AND DIREC	TORS					}	
TITLE NAME	CROSBY, MELISA T							
STREET ADDRESS	I i							
CTTY-ST-ZIP	EAST PALATKA, FL 32131							
TITLE					Honomo:	ntonoo		
NAME		U00000758738 05/24/07-80013-016 150.00						
STREET ADDRESS				03/24/01-00013-016 130.00				
CITY-ST-ZIP								
TITLE Name							İ	
STREET ADDRESS	FSS							
CTTY-ST-ZIP				DO NOT WRITE				
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STREET ADDRESS CITY-ST-ZIP							ļ	
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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.								
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.								
Changed, or of all all address, with all other like driptoweled.								