

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90550 011 ***150.00

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DOCUMENT # P04000122477 1. Entity Name CARRIE CRESCENTINI, P.A.																									
Principal Place of Business 10 HARBOR OAKS CIRCLE SAFETY HARBOR, FL 34695			Mailing Address 10 HARBOR OAKS CIRCLE SAFETY HARBOR, FL 34695																						
2. Principal Place of Business 5609 Oakridge Dr. Suite, Apt. #, etc. Palm Harbor, FL City & State		3. Mailing Address 5609 Oakridge Dr. Suite, Apt. #, etc. Palm Harbor, FL City & State		04082005 Chg-P CR2E034 (10/03)																					
Zip 34685 Country Pineles		Zip 34685 Country Pinellas		4. FEI Number 20-1558991 Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5609 Oakridge Dr. Palm Harbor City FL Zip Code 34685																					
6. Name and Address of Current Registered Agent CRESCENTINI, CARRIE 10 HARBOR OAKS CIRCLE SAFETY HARBOR, FL 34695																									
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 <u><i>Carrie Crescentini PA</i></u> DATE <u><i>4/28/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CRESCENTINI, CARRIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10 HARBOR OAKS CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAFETY HARBOR, FL 34695</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5609 Oakridge Dr.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palm Harbor FL 34685</td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	CRESCENTINI, CARRIE		STREET ADDRESS	10 HARBOR OAKS CIRCLE		CITY-ST-ZIP	SAFETY HARBOR, FL 34695		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	5609 Oakridge Dr.	CITY-ST-ZIP	Palm Harbor FL 34685
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Carrie Crescentini PA</i></u> <i>4/28/05</i> <i>727 4924643</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									