2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000092990

1. Entity Name
SUSAN CRABB & ASSOCIATES, P.A.

Principal Place of Business
2215 SE FORT KING ST
SUITE B
OCALA, FL 34471

Mailing Address
2215 SE FORT KING ST
SUITE B
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3076610
Applied For
Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRABB, SUSAN D
3919 SE 17TH PLACE
OCALA, FL, FL 34471

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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

U000000833781
02/28/08-80026-018.158.75

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	CRABB, SUSAN D
STREET ADDRESS	3919 SE 17TH PLACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	T
NAME	ALLEN, MISSY Y
STREET ADDRESS	5974 NE 26TH AVENUE
CITY-ST-ZIP	OCALA, FL 34479
TITLE	S
NAME	POLE, THERESA S
STREET ADDRESS	3419 SE 41ST PLACE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Missy Allen — Missy Allen — 2/18/08 — (352)694-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #