

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000097980

1. Entity Name
DEAN A. CRAFT, P.A.



Principal Place of Business
7921 NW 4 ST
PLANTATION, FL 33317

Mailing Address
7921 NW 4 ST
PLANTATION, FL 33317

FILED
Sep 10, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3423234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAFT, DEAN A
7921 NW 4 ST
PLANTATION, FL 33317

**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 _____ (NOTE: Registered Agent Signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	CRAFT, DEAN A
STREET ADDRESS	7921 NW 4 ST
CITY-STATE-ZIP	PLANTATION, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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CITY-STATE-ZIP	

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09/10/08-80002-017 150.00

**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: _____

Dean A. Craft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/01/08
DATE

Daytime Phone # _____