

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73854

FILED
Feb 23, 2009
Secretary of State

Entity Name: MCCRAW ENTERPRISES, INC.

Current Principal Place of Business:

13737 US HWY 301 NORTH
PARRISH, FL 342198663

New Principal Place of Business:

12291 GOLF COURSE ROAD
PARRISH, FL 342198663

Current Mailing Address:

13737 US HWY 301 NORTH
PARRISH, FL 342198663

New Mailing Address:

12291 GOLF COURSE ROAD
PARRISH, FL 342198663

FEI Number: 65-0225818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRAW, WALKER
13737 US HWY 301 NORTH
PARRISH, FL 342198663 US

Name and Address of New Registered Agent:

MCCRAW, PEARL W
12291 GOLF COURSE ROAD
PARRISH, FL 342198663 US

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.

SIGNATURE: PEARL W. MCCRAW

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCRAW, WALKER
Address: 13737 US HIGHWAY 301 NORTH
City-St-Zip: PARRISH, FL 342198663

Title: STD () Delete
Name: MCCRAW, PEARL
Address: 13737 US HIGHWAY 301 NORTH
City-St-Zip: PARRISH, FL 342198663

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCRAW, PEARL W
Address: 12291 GOLF COURSE ROAD
City-St-Zip: PARRISH, FL 342198663

Title: STD (X) Change () Addition
Name: MCCRAW, MICHAEL P
Address: 12291 GOLF COURSE ROAD
City-St-Zip: PARRISH, FL 342198663

Title: STD () Change (X) Addition
Name: MCCRAW, SEAN W
Address: 12291 GOLF COURSE ROAD
City-St-Zip: PARRISH, FL 34219

Title: STD () Change (X) Addition
Name: MARSHALL, SHANIE M
Address: 12291 GOLF COURSE ROAD
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEARL W. MCCRAW

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date