


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000054035  
 1. Entity Name  
 CROWLEY & COMPANY ADVERTISING, INC.



Principal Place of Business  
 2416 NO. ESSEX AVENUE  
 HERNANDO, FL 34442

Mailing Address  
 2416 NO. ESSEX AVENUE  
 HERNANDO, FL 34442



02012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3259688 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CROWLEY, ROBERT P  
 2416 N ESSEX AVE  
 HERNANDO, FL 34442

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CROWLEY, ROBERT P 708 W. TOUCAN LOOP HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROWLEY, JOANNE F 8751 N AMBOY DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, EILEEN M 708 W. TOUCAN LOOP HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAYADOFF, KATHLEEN A 1172 W. LEGION COURT HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000512190  
 04/29/06-80075-022 150.00

**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: *Robert P. Crowley* ROBERT P. CROWLEY 4/16/06 352-527-0005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #