

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054035

FILED
Apr 20, 2009
Secretary of State

Entity Name: CROWLEY & COMPANY ADVERTISING, INC.

Current Principal Place of Business:

305 S. SALLISBURY TERRACE
SUITE B
LECANTO, FL 34461

New Principal Place of Business:

305 S. SALISBURY TERRACE
SUITE B
LECANTO, FL 34461

Current Mailing Address:

305 S. SALLISBURY TERRACE
SUITE B
LECANTO, FL 34461

New Mailing Address:

305 S. SALISBURY TERRACE
SUITE B
LECANTO, FL 34461

FEI Number: 59-3259688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWLEY, ROBERT P
305 S. SALLISBURY TERRACE
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

CROWLEY, ROBERT P
305 S. SALISBURY TERRACE
LECANTO, FL 34461 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: _____

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CROWLEY, ROBERT P
Address: 708 W. TOUCAN LOOP
City-St-Zip: HERNANDO, FL 34442

Title: VD () Delete
Name: CROWLEY, JOANNE F
Address: 8751 N AMBOY
City-St-Zip: DUNNELLON, FL 34433

Title: D () Delete
Name: CROWLEY, EILEEN M
Address: 708 W. TOUCAN LOOP
City-St-Zip: HERNANDO, FL 34442

Title: VSD () Delete
Name: SAYADOFF, KATHLEEN A
Address: 1172 W. LEGION COURT
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT P. CROWLEY

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date