

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091115

Entity Name: GRIMAIL CRAWFORD, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

5444 BAY CENTER DRIVE
SUITE 204
TAMPA, FL 336093400

New Principal Place of Business:

Current Mailing Address:

5444 BAY CENTER DRIVE
SUITE 204
TAMPA, FL 336093400

New Mailing Address:

FEI Number: 59-3601236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRIMAIL, JOSEPH J
5444 BAY CENTER DRIVE
SUITE 204
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIMAIL, JOSEPH J
Address: 4423 W. ESTRELLA ST.
City-St-Zip: TAMPA, FL 33629

Title: STD () Delete
Name: CRAWFORD, MICHAEL A
Address: 4907 AUGUSTA AVE.
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: CRAWFORD, MICHAEL A
Address: 4994 TURTLE CREEK TRAIL
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOESPH GRIMAIL

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date