



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90010 018 \*\*\*150.00

<b>DOCUMENT # 192409</b> 1. Entity Name <b>WILLIAM G. CRAWFORD COMPANY</b>																																									
Principal Place of Business <b>95 MALNOLIA GLEN QUINCY, FL 32352</b>			Mailing Address <b>95 MALNOLIA GLEN QUINCY, FL 32352</b>																																						
2. Principal Place of Business <b>95 Magnolia Glen</b> Suite, Apt. #, etc.		3. Mailing Address <b>95 Magnolia Glen</b> Suite, Apt. #, etc.																																							
City & State <b>Quincy FL</b>		City & State <b>Quincy, FL</b>		4. FEI Number <b>59-0940566</b>																																					
Zip <b>32352</b>		Country <b>GADSDEN</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																					
6. Name and Address of Current Registered Agent  <b>CRAWFORD, W G 95 MAGNOLIA GLEN QUINCY, FL 32352</b>				7. Name and Address of New Registered Agent Name <b>Barbara Wilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>95 MAGNOLIA GLEN</b> City <b>Quincy, FL</b> Zip Code <b>32352</b>																																					
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 <u>Barbara C. Wilson</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/6/04</u>																																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>PD CRAWFORD, W G 95 MAGNOLIA GLEN QUINCY, FL</b> </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CRAWFORD, W G 95 MAGNOLIA GLEN QUINCY, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>PD Christopher C. Finlay 269 Plantation Circle So Ponte Vedra Beach, FL 32082</b> </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <b>JD Barbara Wilson 95 MAGNOLIA GLEN QUINCY, FL 32352</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <b>JD Carroll Finlay 269 Plantation Circle So Ponte Vedra Beach, FL 32082</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Christopher C. Finlay 269 Plantation Circle So Ponte Vedra Beach, FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JD Barbara Wilson 95 MAGNOLIA GLEN QUINCY, FL 32352</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JD Carroll Finlay 269 Plantation Circle So Ponte Vedra Beach, FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Barbara C. Wilson</u> DATE <u>3/6/04</u> DAYTIME PHONE # <u>850-921-8075</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									