

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90088 049 ***150.00

DOCUMENT # 257836

1. Entity Name

CRAWFORD ELECTRIC, INC.



Principal Place of Business

4127 PALOMA PT CT
JACKSONVILLE FL 32217

Mailing Address

4127 PALOMA PT CT
JACKSONVILLE FL 32217
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0973272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, BILL P
4127 PALOMA POINT CT
JACKSONVILLE FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CRAWFORD, BILL P
STREET ADDRESS 3925 S.W. 82ND AVENUE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME CRAWFORD, BARBARA
STREET ADDRESS 3925 S.W. 82ND AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ~~BARBARA CRAWFORD~~ ☐ Delete
NAME ~~BARBARA CRAWFORD~~
STREET ADDRESS ~~3925 S.W. 82ND AVENUE~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ~~KAREN TEABBS~~ ☐ Delete
NAME ~~KAREN TEABBS~~
STREET ADDRESS ~~11957 ELIZABETH ANN CT~~
CITY-ST-ZIP ~~JACKSONVILLE, FL 32223~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.O. ☒ Change ☐ Addition
NAME BILL P. CRAWFORD
STREET ADDRESS 4127 PALOMA PT. CT.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE V.P. ☒ Change ☐ Addition
NAME BARBARA CRAWFORD
STREET ADDRESS 4127 PALOMA PT CT.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE ☐ Change ☒ Addition
NAME KAREN TEABBS
STREET ADDRESS 11957 ELIZABETH ANN CT.
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Change ☒ Addition
NAME PAULA TADD
STREET ADDRESS 3539 WOODSWARDS COVE CT
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Bill P. Crawford, Pres. Bill P. Crawford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04 (904) 739-0711
Date Daytime Phone #