

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

CRAWFORD, BILL P  
4127 PALOMA POINT CT  
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 4127 PALOMA PT. CT.  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D ☐ Delete  
NAME CRAWFORD, BARBARA  
STREET ADDRESS 4127 PALOMA PT CT  
CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITLE D ☐ Delete  
NAME TODD, PAULA  
STREET ADDRESS 3539 WOODWARDS COVE 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 ☐ Change ☐ Addition  
NAME U000000612275  
STREET ADDRESS 02/02/07-80101-001 150.00  
CITY-ST-ZIP

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

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

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

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 exemptions contained in Section 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 *Bill P. Crawford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 984 739-0711  
Date Daytime Phone #