


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 621310 1. Entity Name CRAWFORD-TRACEY CORP.	
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Principal Place of Business 3301 SW 13TH DR DEERFIELD BCH, FL 33442-5108	Mailing Address 3301 SW 13TH DR DEERFIELD BCH, FL 33442-5108
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DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1972454	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAWFORD, RAYMOND E 3301 SW 13TH DRIVE DEERFIELD BEACH, FL 33442

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRACEY, STEVEN G. 3301 SW 13 DR. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAWFORD, NINA L 3301 SW 13TH DR DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, RAYMOND E. 3301 SW 13TH DR DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, ROLAND 3301 SW 13TH DR. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, ROBIN 3301 SW 13TH DR. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/05-80053-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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>Nina Crawford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2-23-05</u>	Daytime Phone # <u>954-688-6888</u>
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