

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 644341

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** BOB CRAWFORD, INC.

**Current Principal Place of Business:**

112 WILSON ESTATE RD  
CRAWFORDVILLE, FL 332327 US

**New Principal Place of Business:**

**Current Mailing Address:**

112 WILSON ESTATE RD  
CRAWFORDVILLE, FL 332327 US

**New Mailing Address:**

**FEI Number:** 59-1954167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, BOB  
112 WILSON ESTATE RD  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

CRAWFORD, ROBERT B III  
112 WILSON ESTATE RD  
CRAWFORDVILLE, FL 32327 US

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: ROBERT B CRAWFORD III

03/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: CRAWFORD, NANCY C  
Address: 112 WILSON ESTATE RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PRES  
Name: CRAWFORD, ROBERT B III  
Address: 112 WILSON ESTATE RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: BOB CRAWFORD

PRES

03/19/2012

Electronic Signature of Signing Officer or Director

Date