

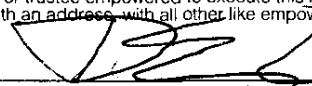


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 812859 1. Entity Name CRAWFORD OIL COMPANY, INC.						FILED APR 19 PM 2:46 SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business 3229 STATE ST. P.O. BOX 120 CALEDONIA NY 14423		Mailing Address 3229 STATE ST. P.O. BOX 120 CALEDONIA NY 14423		 MOORE CR2E034 (11/03)					
2. Principal Place of Business		3. Mailing Address		4. FEI Number 16-0785913		Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Zip		Country		Zip		Country			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CRAWFORD, J. ERNEST			NAME					
STREET ADDRESS	3229 STATE ST PO BOX 120			STREET ADDRESS					
CITY-ST-ZIP	CALEDONIA NY 14423-0120			CITY-ST-ZIP					
TITLE	SD <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CRAWFORD, JUDITH B.			NAME					
STREET ADDRESS	3639 NEALE RD.			STREET ADDRESS					
CITY-ST-ZIP	CALEDONIA NY			CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				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: 				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	