


2004 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 817619 1. Entity Name CRAWFORD HOMES, INC. |  |
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| Principal Place of Business 8700 TRAIL LAKE DRIVE WEST SUITE 300 MEMPHIS, TN 38125 | Mailing Address 8700 TRAIL LAKE DRIVE WEST SUITE 300 MEMPHIS, TN 38125 |
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 72-0452269 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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| 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 | VSD WILSON, C KEMMONS JR 8700 TRAILS LAKE DRIVE W. STE 300 MEMPHIS, TN 38125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTD WILSON, ROBERT 8700 TRAIL LAKE DRIVE W. STE 300 MEMPHIS, TN 38125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WILSON, SPENCE L 8700 TRAIL LAKE DRIVE W. STE 300 MEMPHIS, TN 38125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS WALLIN, SKIP 8700 TRAIL LAKE DRIVE W. STE 300 MEMPHIS, TN 38125 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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04/27/04-80037-003 150.00

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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

April 6, 2004 901-346-8800
Date Daytime Phone #