2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State 03-31-2005 90058 035 ***150.00

Secretar
03-31-2005 900

DOCUMENT # 817619 1. Entity Name CRAWFORD HOMES, INC.						03-31-2005 90058 035 ***150.00				
Principal Place of Business Mailing Address									50	02201
8700 TRAIL LAKE DRIVE WEST SUITE 300 MEMPHIS, TN 38125		8700 TRAIL LAKE DRIVE WEST SUITE 300 MEMPHIS, TN 38125								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01052005	Chg-P	CR2E034	(10/03)	
City & State		City & State				1 ** '\ - '			plied For t Applicable	
Zip	Country	Zip	Coun	try		5. Certificate of		Fed	3.75 Add e Required	
	- 6. Name and Address of Current	Registered Agent		Name		_7Name_and A	dress of New	Registered Age	ent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			!	Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					
	named entity submits this statement foi ions of registered agent.	or the purpose of changing i	ts registere	ed office or	registere	d agent, or both,	in the State of I	Florida. I am farr	iliar with,	and accept
SIGNATURE.		and title if applicable	TE: Pagistoro	d Agent dignatur	ra mauurad u	then reinstalies)		DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May 8e Added to Fees										
10.	OFFICERS AND		11.					FFICERS AND DI		
TITLE NAME					G-A	Ry Mc	-lain	> ^ \	_ Change	Addition
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS -ST-ZIP	GARY McClain Change RADdition 8700 TRail Lake DR. West Ste 300 Memphis, The 38185					
TITLE	VTD	☐ Delete	TITLE				_		Change	Addition
NAME	WILSON, ROBERT NAME									
STREET ADDRESS CITY-ST-ZIP	8700 TRAIL LAKE DRIVE W. ST MEMPHIS, TN 38125	E 300		ET ADDRESS -ST-ZIP						
TITLE	PD PD		TITLE						Change	Addition
NAME	WILSON, SPENCE L		NAM	£					·	
STREET ADDRESS*	8700 TRAIL LAKE DRIVE W. ST	E 300		ET AD DRESS -ST-ZIP						
TITLE	MEMPHIS, TN 38125	Delete	TITLE					г] Change	Addition
NAME	WALLIN, SKIP	Day Day	NAM	l l						_
STREET ADDRESS CITY-ST-ZIP	8700 TRAIL LAKE DRIVE W. ST MEMPHIS, TN 38125	E 300		ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITL] Change	☐ Addition
NAME STREET ADDRESS			NAM	E Et address						
CITY+ST-ZIP				-ST-ZIP						
TITLE		☐ Delele	TITL						Change	☐ Addition
NAME			NAM STRE	E Et address						
STREET ADORESS CITY-ST-ZIP				-ST-ZIP						
12 Lhoroby	certify that the information supplied with	this filing does not qualify	for the exe	motion state	ed in Sec	tion 119.07(3)(i).	Florida Statute	s. I further certify	that the ir	formation

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to excurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to excurate 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 the empowered.

SIGNATURE: _

March 1, 2005 901-346-8800