

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007221

**FILED
Jul 16, 2007
Secretary of State**

Entity Name: CRAWFORD ROOFING, INC.

Current Principal Place of Business:

701 PIKES PEAK ROAD
CHICKASHA, OK 73018

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1496
CHICKASHA, OK 73023

New Mailing Address:

FEI Number: 73-0951924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAWFORD, TIM
Address: 701 PIKES PEAK ROAD
City-St-Zip: CHICKASHA, OK 73018

Title: ST () Delete
Name: CRAWFORD, KYLE
Address: 701 PIKES PEAK ROAD
City-St-Zip: CHICKASHA, OK 73018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM CRAWFORD

PD

07/16/2007

Electronic Signature of Signing Officer or Director

_____ Date