

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003814

Entity Name: NEB CRAWFORD JEWELERS, INC.

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

2509 A PLANT AVE.
WAYCROSS, GA 31501

New Principal Place of Business:

Current Mailing Address:

2509 A PLANT AVE.
WAYCROSS, GA 31501

New Mailing Address:

FEI Number: 58-1309471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, TIM
3350 SOUTH FLETCHER AVE.
UNIT E5
FERNANDINA BEACH, FL 32034 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: CRAWFORD, NELLIE
Address: 1290 WOODS ROAD
City-St-Zip: WAYCROSS, GA 31501

Title: P () Delete
Name: CRAWFORD, NELLIE
Address: 1290 WOODS ROAD
City-St-Zip: WAYCROSS, GA 31501

Title: VCHR () Delete
Name: CRAWFORD, BRUCE
Address: 824 MADIAON LANE
City-St-Zip: WAYCROSS, GA 31501

Title: V () Delete
Name: CRAWFORD, BRUCE
Address: 824 MADIAON LANE
City-St-Zip: WAYCROSS, GA 31501

Title: SD () Delete
Name: BLOUNT, KIM
Address: 4050 BULL RUB ROAD
City-St-Zip: WAYCROSS, GA 31503

Title: YD () Delete
Name: CRAWFORD, TIM
Address: 3350 S. FLETCHER AVE. UNIT E5
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

YD

02/16/2009

Electronic Signature of Signing Officer or Director

Date