

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90096 036 ***150.00

DOCUMENT # F52541

1. Entity Name

CRAWFORD, GAUSE, KLOS, REYNOLDS & YEAGER,
P.A.



Principal Place of Business

C/O DONALD D BLACK
7300 FOURTH ST N
ST PETERSBURG FL 33702
US

Mailing Address

C/O DONALD D BLACK
7300 FOURTH ST N
ST PETERSBURG FL 33702
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2131788**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, MICHAEL J
7300 4TH STREET NORTH
ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	PCEO	<input type="checkbox"/> Delete
STREET ADDRESS	CRAWFORD, THOMAS W	
CITY ST ZIP	4132 10TH ST NE ST PETERSBURG FL 3370-1	
NAME	VD	<input type="checkbox"/> Delete
STREET ADDRESS	REYNOLDS, MICHAEL J	
CITY ST ZIP	7335 SAWGRASS POINT PINELLAS PARK FL 33782	
NAME	VD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	KLOS, JAREMA W	
CITY ST ZIP	7340 WATERSILLS DR PINELLAS PARK FL 33782	
NAME	VS	<input type="checkbox"/> Delete
STREET ADDRESS	BLACK, DONALD D III	
CITY ST ZIP	1974 IOWA AVE ST PETERSBURG FL 33702	
NAME	VT	<input type="checkbox"/> Delete
STREET ADDRESS	BARTOLAZO, PHILIP R	
CITY ST ZIP	1931 COBBLESTONE WAY CLEARWATER FL 33760	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY ST ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY ST ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

DONALD D BLACK III 3/20/07 727 521-1818

Date

Daytime Phone #