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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90461 041 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000000836

1. Entity Name
CRAWFCO, INC.

Principal Place of Business	Mailing Address
3567 GASPARILLA RD BOCA GRANDE, FL 33921	PO BOX 1587 BOCA GRANDE, FL 33921

DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
93-0618589

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, VIRGINIA C
3567 GASPARILLA RD
BOCA GRANDE, FL 33921

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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 _____ 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 Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	CRAWFORD, JAMES E JR
STREET ADDRESS	3567 GASPARILLA RD
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	VCT
NAME	CRAWFORD, VIRGINIA C
STREET ADDRESS	3567 GASPARILLA RD
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	D
NAME	CRAWFORD, STEPHEN C
STREET ADDRESS	615 PARK DRIVE
CITY-ST-ZIP	KENILWORTH, IL 60043
TITLE	D
NAME	CRAWFORD, MICHAEL L
STREET ADDRESS	11 AYLESBURY DR
CITY-ST-ZIP	ST LOUIS, MO 63132
TITLE	D
NAME	SCHNEIDER, MARY CRAWFORD
STREET ADDRESS	6476 WYDOWN BLVD
CITY-ST-ZIP	SAINT LOUIS, MO 63105
TITLE	James E. Crawford III
NAME	550 N. Green Bay Rd
STREET ADDRESS	Lake Forest, IL 60045
CITY-ST-ZIP	

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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: _____ 4/25/05 941-964-2927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #