


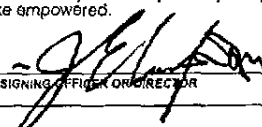


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000000836		
1. Entity Name CRAWFCO, INC.		
Principal Place of Business 3567 GASPARILLA RD BOCA GRANDE, FL 33921	Mailing Address PO BOX 1587 BOCA GRANDE, FL 33921	
DO NOT WRITE IN THIS SPACE		
		05122006 No Chg-P CR2E034 (11/05)
		4. FEI Number 93-0618589
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CRAWFORD, VIRGINIA C 3567 GASPARILLA RD BOCA GRANDE, FL 33921		DO NOT WRITE IN THIS SPACE
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  <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when retesting)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CRAWFORD, JAMES E JR 3567 GASPARILLA RD BOCA GRANDE, FL 33921	DO NOT WRITE IN THIS SPACE 000000566040 05/25/06-80002-007 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT CRAWFORD, VIRGINIA C 3567 GASPARILLA RD BOCA GRANDE, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, STEPHEN C 615 PARK DRIVE KENILWORTH, IL 60043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, MICHAEL L 11 AYLESBURY DR ST LOUIS, MO 63132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, MARY CRAWFORD 6475 WYDOWN BLVD SAINT LOUIS, MO 63105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, III, JAMES E 550 N GREEN BAY RD LAKE FOREST, IL 60045	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: J-E Crawford Jr  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/22/06 941-964-3927 <small>Date Daytime Phone</small>