

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90010 047 ***550.00

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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**

4011030-



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

04252007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☒ Delete
NAME **CRAWFORD, JAMES E JR**
STREET ADDRESS **3567 GASPARILLA RD**
CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCT** ☐ Delete
NAME **CRAWFORD, VIRGINIA C**
STREET ADDRESS **3567 GASPARILLA RD**
CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE **P** ☒ Change ☐ Addition
NAME **CRAWFORD, VIRGINIA C.**
STREET ADDRESS **3567 GASPARILLA RD**
CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE **D** ☐ Delete
NAME **CRAWFORD, STEPHEN C**
STREET ADDRESS **615 PARK DRIVE**
CITY-ST-ZIP **KENILWORTH, IL 60043**

TITLE **TS** ☒ Change ☐ Addition
NAME **CRAWFORD, STEPHEN C.**
STREET ADDRESS **615 PARK DRIVE**
CITY-ST-ZIP **KENILWORTH, IL 60043**

TITLE **D** ☐ Delete
NAME **CRAWFORD, MICHAEL L**
STREET ADDRESS **11 AYLESBURY DR**
CITY-ST-ZIP **ST LOUIS, MO 63132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHNEIDER, MARY CRAWFORD**
STREET ADDRESS **6475 WYDOWN BLVD**
CITY-ST-ZIP **SAINT LOUIS, MO 63105**

TITLE **D** ☒ Change ☐ Addition
NAME **SCHNEIDER, MARY CRAWFORD**
STREET ADDRESS **THE HIGHLANDS**
CITY-ST-ZIP **SEATTLE, WA 98177**

TITLE **D** ☐ Delete
NAME **CRAWFORD, III, JAMES E**
STREET ADDRESS **550 N GREEN BAY RD**
CITY-ST-ZIP **LAKE FOREST, IL 60045**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Steph C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/07

847-256-5213
Daytime Phone #