

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 A
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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
 Zip Country

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**

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 _____ DATE _____
(NOTE: Registered Agent's signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CRAWFORD, VIRGINIA C | |
| STREET ADDRESS | 3567 GASPARILLA RD | |
| CITY-ST-ZIP | BOCA GRANDE FL 33921 | |
| TITLE | TS | <input type="checkbox"/> Delete |
| NAME | CRAWFORD, STEPHEN C | |
| STREET ADDRESS | 615 PARK DRIVE | |
| CITY-ST-ZIP | KENILWORTH IL 60043 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CRAWFORD, MICHAEL L | |
| STREET ADDRESS | 11 AYLESBURY DR | |
| CITY-ST-ZIP | ST LOUIS MO 63132 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHNEIDER, MARY CRAWFORD | |
| STREET ADDRESS | THE HIGHLANDS | |
| CITY-ST-ZIP | SEATTLE WA 98177 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CRAWFORD, III, JAMES E | |
| STREET ADDRESS | 550 N GREEN BAY RD | |
| CITY-ST-ZIP | LAKE FOREST IL 60045 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Virginia C. Crawford 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR