

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000836

Entity Name: CRAWFCO, INC.

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

3567 GASPARILLA RD  
BOCA GRANDE, FL 33921

## New Principal Place of Business:

3567 GASPARILLA RD.  
BOCA GRANDE, FL 33921

## Current Mailing Address:

PO BOX 1587  
BOCA GRANDE, FL 33921

## New Mailing Address:

615 PARK DRIVE  
KENILWORTH, IL 60043

FEI Number: 93-0618589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CRAWFORD, STEPHEN C  
3567 GASPARILLA RD  
BOCA GRANDE, FL 33921 US

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.

SIGNATURE: STEPHEN C. CRAWFORD

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CRAWFORD, VIRGINIA C  
Address: 3567 GASPARILLA RD  
City-St-Zip: BOCA GRANDE, FL 33921

Title: TS ( ) Delete  
Name: CRAWFORD, STEPHEN C  
Address: 615 PARK DRIVE  
City-St-Zip: KENILWORTH, IL 60043

Title: D ( ) Delete  
Name: CRAWFORD, MICHAEL L  
Address: 11 AYLESBURY DR  
City-St-Zip: ST LOUIS, MO 63132

Title: D ( ) Delete  
Name: SCHNEIDER, MARY CRAWFORD  
Address: THE HIGHLANDS  
City-St-Zip: SEATTLE, WA 98177

Title: D ( ) Delete  
Name: CRAWFORD, III, JAMES E  
Address: 550 N GREEN BAY RD  
City-St-Zip: LAKE FOREST, IL 60045

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CRAWFORD, VIRGINIA C  
Address: 3567 GASPARILLA RD  
City-St-Zip: BOCA GRANDE, FL 33921

Title: P (X) Change ( ) Addition  
Name: CRAWFORD, STEPHEN C  
Address: 615 PARK DRIVE  
City-St-Zip: KENILWORTH, IL 60043

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN C. CRAWFORD

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date