2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002043

Entity Name: CRAWFORD & COMPANY OF FLORIDA

FILED Mar 10, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
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901 NORTHPOINT PKWY #308 W PALM BCH, FL 33407

Current Mailing Address: New Mailing Address:

901 NORTHPOINT PKWY #308 W PALM BCH, FL 33407

FEI Number: 65-0739513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GROVER, DAVIS
 Name:
 GROVER, DAVIS L

 Address:
 5620 GLENRIDGE DR
 Address:
 5620 GLENRIDGE DR

 City-St-Zip:
 ALTANTA, GA 30342
 City-St-Zip:
 ALTANTA, GA 30342

Title: PD () Delete Title: PD (X) Change () Addition Name: LEPPER. BETH Name: HODSON, GREGORY P

Name: LEPPER, BETH Name: HODSON, GREGORY P
Address: 901 NORTHPOINT PARKWAY, SUITE 308 Address: 5620 GLENRIDGE DR., N. E.
City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: ATLANTA, GA 30342

Title: DS () Delete Title: DS (X) Change () Addition

Name: KING, KONDA Name: CARR, KONDA

Address: 901 NORTHPOINT PARKWAY, SUITE 308 Address: 901 NORTHPOINT PARKWAY, SUITE 308

City-St-Zip: W PALM BCH, FL 33407 City-St-Zip: W PALM BCH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY P. HODSON PD 03/10/2004