2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002043

Entity Name: CRAWFORD & COMPANY OF FLORIDA

FILED Apr 12, 2005 Secretary of State

Entity Name: CRAWFORD & COMPANY OF FLORII	DA		
Current Principal Place of Business:	New Principal Place o	New Principal Place of Business:	
901 NORTHPOINT PKWY #308 W PALM BCH, FL 33407	1010 EXECUTIVE CTR ORLANDO, FL 32803	1010 EXECUTIVE CTR DRIVE ORLANDO, FL 32803	
Current Mailing Address:	New Mailing Address:		
901 NORTHPOINT PKWY #308 W PALM BCH, FL 33407	P. O. BOX 5047 ATLANTA, GA 30342		
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	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 in the State of Florida.	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Ag	gent	Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D () Delete	Title: D (X) Change () Addition	

GROVER, DAVIS L CRAWFORD, THOMAS W Name: Name: 5620 GLENRIDGE DR 5620 GLENRIDGE DR Address: Address: City-St-Zip: ALTANTA, GA 30342 City-St-Zip: ALTANTA, GA 30342 Title: () Delete Title: PD (X) Change () Addition HODSON, GREGORY P TAYLOR, HENRY Name: Name: 1010 EXECUTIVE CTR DRIVE Address: 5620 GLENRIDGE DR., N. E. Address:

5620 GLENRIDGE DR., N. E. Address: 1010 EXECUTIVE CTR DRIVE ATLANTA, GA 30342 City-St-Zip: ORLANDO, FL 32803

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

 Name:
 CARR, KONDA
 Name:

 Address:
 901 NORTHPOINT PARKWAY, SUITE 308
 Address:

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

City-St-Zip:

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: HENRY TAYLOR PD 04/12/2005