

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002043

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: CRAWFORD & COMPANY OF FLORIDA

## Current Principal Place of Business:

2301 LUCIEN WAY  
SUITE 360  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 5047  
ATLANTA, GA 30342

## New Mailing Address:

FEI Number: 65-0739513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: CRAWFORD, THOMAS W  
Address: 5620 GLENRIDGE DR  
City-St-Zip: ATLANTA, GA 30342

Title: PD ( ) Delete  
Name: TAYLOR, HENRY  
Address: 2301 LUCIEN WAY, STE 360  
City-St-Zip: MAITLAND, FL 32751

Title: DS ( ) Delete  
Name: CARR, KONDA  
Address: 901 NORTHPOINT PARKWAY, SUITE 308  
City-St-Zip: W PALM BCH, FL 33407

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KONDA CARR

SD

04/26/2007

Electronic Signature of Signing Officer or Director

Date