



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90036 018 ***550.00

DOCUMENT # G76785 1. Entity Name STANLEY CRAWFORD CONSTRUCTION, INC.					
Principal Place of Business 885 SW SISTERS WELCOME RD. LAKE CITY, FL 32025 US			Mailing Address 885 SW SISTERS WELCOME RD. LAKE CITY, FL 32025 US		
2. Principal Place of Business 1531 SW Commercial Glen Suite, Apt. #, etc.		3. Mailing Address 1531 SW Commercial Glen Suite, Apt. #, etc.			
City & State Lake City, FL. Zip 32025		City & State Lake City, FL. Zip 32025		4. FEI Number 59-2364997	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CRAWFORD, W STANLEY 885 SW SISTER WELCOME RD. LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name Crawford, W. Stanley Street Address (P.O. Box Number is Not Acceptable) 1531 SW Commercial Glen City Lake City, FL. Zip Code 32025		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, MARY ANN RT 8 BOX 559 LAKE CITY, FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, STANLEY RT 8 BOX 559 LAKE CITY, FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Crawford, Mary Ann 219 SW Fantasy Glen Lake City, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Crawford, Stanley 219 SW Fantasy Glen Lake City, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 the empowered.					
SIGNATURE: 		Date: 7/12/05 Daytime Phone #: (386) 752-5152			

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