

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G76785

FILED  
May 01, 2006  
Secretary of State

Entity Name: STANLEY CRAWFORD CONSTRUCTION, INC.

## Current Principal Place of Business:

1531 SW COMMERCIAL GLEN  
LAKE CITY, FL 32025 US

## New Principal Place of Business:

853 S. W. SISTERS WELCOME RD.  
LAKE CITY, FL 32025 US

## Current Mailing Address:

1531 SW COMMERCIAL GLEN  
LAKE CITY, FL 32025 US

## New Mailing Address:

853 S.W. SISTERS WELCOME RD.  
LAKE CITY, FL 32025 US

FEI Number: 59-2364997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAWFORD, W STANLEY  
1531 SW COMMERCIAL GLEN  
LAKE CITY, FL 32025 US

## Name and Address of New Registered Agent:

CRAWFORD, W STANLEY  
853 S.W. SISTERS WELCOME RD.  
LAKE CITY, FL 32025 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: WILLIAM STANLEY CRAWFORD

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: CRAWFORD, MARY ANN,  
Address: 219 SW FANTASY GLEN  
City-St-Zip: LAKE CITY, FL 32024

Title: PD ( ) Delete  
Name: CRAWFORD, STANLEY,  
Address: 219 SW FANTASY GLEN  
City-St-Zip: LAKE CITY, FL 32024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: CRAWFORD, MARY ANN,  
Address: 4280 SW COUNTY RD. 242  
City-St-Zip: LAKE CITY, FL 32024

Title: PD (X) Change ( ) Addition  
Name: CRAWFORD, STANLEY,  
Address: 4280 S.W. COUNTY RD 242  
City-St-Zip: LAKE CITY, FL 32024

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: MARY ANN CRAWFORD

ST

05/01/2006

Electronic Signature of Signing Officer or Director

Date