


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # H29511 1. Entry Name CRAWFORD COMMERCIAL AND INVESTMENT PROPERTIES, INC.	
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Principal Place of Business % ROGER S. CRAWFORD P O BOX 13573 TALLAHASSEE, FL 32303	Mailing Address % ROGER S. CRAWFORD P O BOX 13573 TALLAHASSEE, FL 32317 US
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04262006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number 59-2516434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAWFORD, ROGER S. 2019 CENTRE POINTE BLVD STE 102 TALLAHASSEE, FL 32308
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000551832
05/13/06-80116-011 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRAWFORD, ROGER S. POST OFFICE BOX 13573 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, ROGER S. POST OFFICE BOX 13573 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAHMANN, PATRICIA POST OFFICE BOX 13573 TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 (850) 386-1661
Date Daytime Phone #

Roger S. Crawford