

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39558

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: KENT & CRAWFORD, PROFESSIONAL ASSOCIATION

## Current Principal Place of Business:

% JOHN R. CRAWFORD  
1200 RIVERPLACE BLVD., SUITE 800  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

1200 RIVERPLACE BLVD.  
SUITE 800  
JACKSONVILLE, FL 32207

## Current Mailing Address:

% JOHN R. CRAWFORD  
POST OFFICE BOX 447  
JACKSONVILLE, FL 32201

## New Mailing Address:

FEI Number: 59-2731351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAWFORD, JOHN R.  
1200 RIVERPLACE BLVD.  
SUITE 800  
JACKSONVILLE, FL 32207 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: DP ( ) Delete  
Name: CRAWFORD, JOHN R.,  
Address: 1200 RIVERPLACE BLVD., SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VSD ( ) Delete  
Name: KENT, FRED H., III,  
Address: 1200 RIVERPLACE BLVD., SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVP ( ) Delete  
Name: KENT, JOHN B,  
Address: 1200 RIVERPLACE BLVD., SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CRAWFORD, JOHN R MR.  
Address: 1200 RIVERPLACE BLVD., SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VSD (X) Change ( ) Addition  
Name: KENT, FRED H MR.  
Address: 1200 RIVERPLACE BLVD., SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVP (X) Change ( ) Addition  
Name: KENT, JOHN B MR.  
Address: 1200 RIVERPLACE BLVD., SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32207

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: JOHN R. CRAWFORD

PRES

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date