


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90685 015 \*\*\*158.75

**DOCUMENT # K65460**  
 1. Entity Name  
**CRAW AND ROGG CARDS, INC.**



Principal Place of Business      Mailing Address  
 4125 CLEVELAND AVE      4125 CLEVELAND AVE  
 EDISON MALL #55      EDISON MALL #55  
 FT. MYERS, FL 33901 US      FT. MYERS, FL 33901 US

**94051186**



2. Principal Place of Business      3. Mailing Address  
**15201 N. CLEVELAND AVE**      **13180 N. CLEVELAND AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**UNIT #1305**      **SUITE #216**

01072004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**N. FT. MYERS, FL**      **N. FT. MYERS, FL**

4. FEI Number      Applied For  
**65-0098754**      Not Applicable

Zip      Country      Zip      Country  
**33903**      **USA**      **33903**      **USA**

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>CRAWFORD, JANELE</b> <b>3350 N KEY DRIVE</b> <b>N FT MYERS, FL 33903</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$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	DP CRAWFORD, JOHN, III 1596 N. TAMIAMI TRAIL N. FT. MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRAWFORD, NANCY 1596 N. TAMIAMI TRAIL N. FT. MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRAWFORD, JANELE 3350 N KEY DR NO FT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.

SIGNATURE: *John Crawford*      **John Crawford**            1/12/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #