


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K65460</b> 1. Entity Name <b>CRAW AND ROGG CARDS, INC.</b>		
Principal Place of Business <b>15201 N. CLEVELAND AVE UNIT #1305 NORTH FORT MYERS, FL 33903 US</b>	Mailing Address <b>13180 N. CLEVELAND AVE UNIT #216 NORTH FORT MYERS, FL 33903 US</b>	



01292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0098754</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CRAWFORD, JANELE  
3350 N KEY DRIVE  
N FT MYERS, FL 33903**

**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 reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

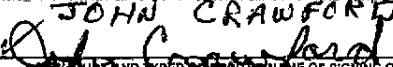
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAWFORD, JOHN, III 1596 N. TAMiami TRAIL N. FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRAWFORD, NANCY 1596 N. TAMiami TRAIL N. FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRAWFORD, JANELE 3350 N KEY DR NO FT MYERS, FL 33903
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**DO NOT WRITE  
IN THIS SPACE**

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:   
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 ✓ 239-995-0016  
Date Daytime Phone #