


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-22-2006 90003 004 ***150.00

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



Principal Place of Business Mailing Address
 15201 N. CLEVELAND AVE 13180 N. CLEVELAND AVE
 UNIT #1305 UNIT #216
 NORTH FORT MYERS, FL 33903 US NORTH FORT MYERS, FL 33903 US

66000101



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03172006 Chg-P CR2E034 (11/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number
65-0098754 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CRAWFORD, JANELE
3350 N KEY DRIVE
N FT MYERS, FL 33903

7. Name and Address of New Registered Agent
 Name
KREBS, JANELE
 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: *Janele Krebs* DATE: *3/27/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

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**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	CRAWFORD, JOHN, III	1598 N. TAMiami TRAIL	N. FT. MYERS, FL 33903	<input type="checkbox"/>
DV	CRAWFORD, NANCY	1598 N. TAMiami TRAIL	N. FT. MYERS, FL 33903	<input type="checkbox"/>
DST	CRAWFORD, JANELE	3350 N KEY DR	NO FT MYERS, FL 33903	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	KREBS, JANELE			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *John Crawford* Date: *3/20/06* Daytime Phone #: *239-851-6460*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR