

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90062 047 \*\*\*150.00

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02262007 Chg-P CR2E034 (12/06)

<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>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0098754</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KREBS, JANELE 3350 N KEY DRIVE N FT MYERS, FL 33903</b>			7. Name and Address of New Registered Agent Name <b>KREBS, JANELE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7574 TANIA LANE</b> City <b>N. FT. MYERS</b> <b>FL</b> Zip Code <b>33917</b>		
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: <u><i>Janele Krebs</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/1/07</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	DV CRAWFORD, NANCY 1596 N. TAMIAMI TRAIL N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KREBS, JANELE 3350 N KEY DR NO FT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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"/> Delete				
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: <u><i>John Crawford, Pres</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3/1/07</u> Date		<u>239-851-6460</u> Daytime Phone #	
<b>JOHN CRAWFORD</b>					