


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0098754 Not Applicable

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

6. Name and Address of Current Registered Agent

KREBS, JANELE
7574 TANIA LANE
NORTH FORT MYERS, FL 33917

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000838076
 03/05/08 80016-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CRAWFORD, JOHN, III
STREET ADDRESS	3350 N. KEY DRIVE, #B-1011
CITY-ST-ZIP	N. FT. MYERS, FL 33903
TITLE	DV
NAME	CRAWFORD, NANCY
STREET ADDRESS	3350 N. KEY DRIVE, #B-1011
CITY-ST-ZIP	N. FT. MYERS, FL 33903
TITLE	DST
NAME	KREBS, JANELE
STREET ADDRESS	7574 TANIA LANE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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* **2/1/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #