

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L07508**

1. Entity Name  
**THE CROWLEY GROUP, INC.**



Principal Place of Business  
**2000 WEBBER STREET  
SARASOTA, FL 34239 US**

Mailing Address  
**2000 WEBBER STREET  
SARASOTA, FL 34239 US**



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0136486**

Applied For

Not Applicable

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

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

**SHEA, JOSEPH R ESQ  
2000 WEBBER STREET  
SARASOTA, FL 34239**

**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 reinstating)

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	VP
NAME	CLEARY, JOSEPH THOMAS
STREET ADDRESS	2945 WOODPINE CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	CROWLEY, TIMOTHY M
STREET ADDRESS	1344 HARBOR DR.
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VP
NAME	MYARA, ALBERT
STREET ADDRESS	10917 BLUESTEM CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	PS
NAME	CROWLEY, PETER M
STREET ADDRESS	2000 WEBBER STREET
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000336500  
04/27/05-80128-011 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-05 941-308-3493