2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# L66523

Entity Name: CRAWFORD STUCCO, INC.

Current Principal Place of Business:

17915 EAGLE LANE
LUTZ, FL 33549 US

New Principal Place of Business:

7621 CUMBER DR
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

17915 EAGLE LANE
LUTZ, FL 33558 US

New Mailing Address:

7621 CUMBER DR
NEW PORT RICHEY, FL 34653 US

FEI Number: 59-3005654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, ROSEANNA K
17915 EAGLE LANE
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

CRAWFORD, DAVID A PRES.
7621 CUMBER DR
NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE: DAVID CRAWFORD 02/18/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRAWFORD, DAVID A
Address: 17915 EAGLE LN
City-St-Zip: LUTZ, FL 33558 US

Title: VT ( ) Delete
Name: CRAWFORD, ROSEANNA K
Address: 17915 EAGLE LANE
City-St-Zip: LUTZ, FL 33558 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRAWFORD, DAVID A
Address: 7621 CUMBER DR
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: OFF ( ) Change (X) Addition
Name: COHEE, KATRINA L OFF
Address: 7621 CUMBER DR
City-St-Zip: NEW PORT RICHEY, FL 34653 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATRINA COHEE OFFI 02/18/2004
Electronic Signature of Signing Officer or Director Date