

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66523

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: CRAWFORD STUCCO, INC.

**Current Principal Place of Business:**

7621 CUMBER DR  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

7621 CUMBER DR  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

OFF

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date