

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L83993

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: CRAWFORD ENTERPRISES, INC.

## Current Principal Place of Business:

2960 BOGGY CREEK RD.  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

2960 BOGGY CREEK RD.  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 59-3017300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAWFORD, HARRY M.  
2960 BOGGY CREK RD  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

CRAWFORD, CAROL B.  
2960 BOGGY CREK RD  
KISSIMMEE, FL 34744 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: CAROL B. CRAWFORD

07/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CRAWFORD, HARRY M.,  
Address: 2960 BOGGY CREEK RD  
City-St-Zip: KISSIMMEE, FL

Title: ST ( ) Delete  
Name: CRAWFORD, CAROL B.,  
Address: 2960 BOGGY CREEK RD  
City-St-Zip: KISSIMMEE, FL

Title: VP (X) Delete  
Name: MEEKINS, KEITH  
Address: 1841 LORRAINE WAY  
City-St-Zip: ST. CLOUD, FL 34769 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CRAWFORD, CAROL B.,  
Address: 2960 BOGGY CREEK RD  
City-St-Zip: KISSIMMEE, FL 34744 FL

Title: VP (X) Change ( ) Addition  
Name: MEEKINS, KEITH,  
Address: 1841 LORRAINE WAY  
City-St-Zip: ST. CLOUD,, FL 34769

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 Chapter 119, 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: CAROL B. CRAWFORD

P

07/10/2006

Electronic Signature of Signing Officer or Director

Date