

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90058 048 ***150.00

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1. Entity Name

CRAWFORD SERVICES, INC.



Principal Place of Business

2940 LANTANA LAKES DR. WEST
JACKSONVILLE FL 32246

Mailing Address

2940 LANTANA LAKES DR. WEST
JACKSONVILLE FL 32246

2. Principal Place of Business

13680 Canoe Ct

Suite, Apt. #, etc.

3. Mailing Address

13680 Canoe Ct

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32226

Country

USA

Zip

32226

Country

USA

4. FEI Number

75-3011657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHULTZ, CHAD
1309 ST JOHNS BLUFF ROAD N
STE 7
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name: Chad Shultz
Street Address (P.O. Box Number is Not Acceptable): 112 E Adams
City: Jacksonville FL Zip Code: 32202

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)

1/25/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: CRAWFORD, GEORGE
STREET ADDRESS: 2940 LANTANA LAKES DR. WEST
CITY-ST-ZIP: JACKSONVILLE FL 32246

TITLE: VP ☐ Delete
NAME: CRAWFORD, CHRISTINA
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 13680 Canoe Ct
CITY-ST-ZIP: Jacksonville, FL 32226

TITLE: VP ☐ Change ☒ Addition
NAME: Crawford, Christina
STREET ADDRESS: 13680 Canoe Ct
CITY-ST-ZIP: Jacksonville, FL 32226

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 #