

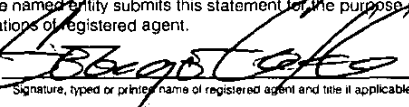
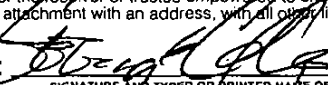


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90138 015 ***150.00

DOCUMENT # P02000015844 1. Entity Name CRAWFORD SERVICES, INC.					
Principal Place of Business 13680 CANOE CT JACKSONVILLE, FL 32226			Mailing Address 13680 CANOE CT JACKSONVILLE, FL 32226		
2. Principal Place of Business 3709 Victoria Lakes Dr. E		3. Mailing Address 3709 Victoria Lakes Dr. E			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07112006 Chg-P CR2E034 (11/05)	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 75-3011657	
Zip 32226		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHULTZ, CHAD 112 E. ADAMS JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name George Crawford Street Address (P.O. Box Number is Not Acceptable) 3709 Victoria Lakes Dr. E City Jacksonville FL Zip Code 32226		
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  George Crawford 7/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAWFORD, GEORGE 13680 CANOE COURT JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAWFORD, CHRISTINA 13680 CANOE CT JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  George Crawford 7/11/06 904-226-9929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					