2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082147

Title:

Name:

Address:

SSD

City-St-Zip: ORLANDO, FL 32832

SEEGERS, JOHN F

14336 FLO ROAD

() Delete

FILED Mar 26, 2008 Secretary of State

Entity Nar	me: CRAWF	FISH COMPANY OF CENTRA	L FLORIDA, INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 2	RY FORD RI), FL 328062		SUITE 2	25 SOUTH MAGNOLIA AVENUE SUITE 2 ORLANDO, FL 32801		
Current M	ailing Addre	ess:	New Maili	New Mailing Address:		
14401 FLC ORLANDO) ROAD), FL 328326	567				
FEI Number:	: 11-3646832	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
The above	o, FL 32832 named entity of Florida.	US submits this statement for the	e purpose of changing i	ts registered	d office or registered agent, or both,	
0.014/(101		onic Signature of Registered A	gent	Date		
Election Car	npaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD (BOYD, LISA N 14401 FLO R ORLANDO, FI	OAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MULVANEY, I	ER STONE STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MULVANEY,	ER STONE STREET	Title: Name: Address: City-St-Zip:	MULVANEY,	IER STONE STREET	
Title: Name: Address: City-St-Zip:	GM (BOYD, FRED 14401 FLO R ORLANDO, F	OAD	Title: Name: Address: City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FREDERICK E BOYD JR DIR 03/26/2008

() Change () Addition