From:ALLIED CRAWFORD (LAKELAND) INC863+666+8955 04/13/2006 13:49 #142 P.002/004

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Apr 27, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000121390

1. Entity Name
ALLIED CRAWFORD (LAKELAND) INC.

Principal Place of Business
1500 FISH HATCHERY RD
LAKELAND, FL 33801

Mailing Address
P.O. BOX 3977
LAKELAND, FL 33802

DO NOT WRITE IN THIS SPACE

02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0383966

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETSON, KIMBERLY
1500 FISH HATCHERY RD.
LAKELAND, FL 33801

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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 K Betson, Controller 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPIEGEL, SIDNEY
STREET ADDRESS	132 SHEPPARD AVE W STE 200
CITY-ST-ZIP	N YORK ONTARIO M2N 1M5, CA
TITLE	D
NAME	STERN, GARY
STREET ADDRESS	132 SHEPPARD AVE W STE 200
CITY-ST-ZIP	N YORK ONTARIO M2N 1M5, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary Stern 4-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #