

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P02000121390 1. Entity Name ALLIED CRAWFORD (LAKELAND) INC.	
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Principal Place of Business 1500 FISH HATCHERY RD LAKELAND, FL 33801	Mailing Address P.O. BOX 3977 LAKELAND, FL 33802
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04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

DO NOT WRITE IN THIS SPACE

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 *KBetson, Controller* DATE *4/20/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000748448 05/17/07-80067-020 150.00
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10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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: *KBetson Kimberly Betson* DATE *4/20/07* (863) 667-4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #