


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90094 017 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 98-0383966	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETSON, KIMBERLY 1500 FISH HATCHERY RD. LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name <u>Desiree Walker</u> Street Address (P.O. Box Number is Not Acceptable) <u>1500 Fish Hatchery Rd.</u> City <u>Lakeland</u> <u>FL</u> Zip Code <u>33801</u>	
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 <u>Desiree Walker</u> DATE <u>4-16-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. SPIEGEL, SIDNEY 132 SHEPPARD AVE W STE 200 N YORK ONTARIO M2N 1M5, CA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STERN, GARY 132 SHEPPARD AVE W STE 200 N YORK ONTARIO M2N 1M5, CA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 807, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/16/08</u> Daytime Phone # <u>(407) 224-1515</u>		