

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063029

FILED
Jan 10, 2007
Secretary of State

Entity Name: CRAWFORD FENCE COMPANY, INC.

Current Principal Place of Business:

13831 NE 199 ST.
WALDO, FL 32694

New Principal Place of Business:

Current Mailing Address:

13831 NE 199 ST.
WALDO, FL 32694

New Mailing Address:

FEI Number: 57-1172753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, ANN
13831 NE 199 ST.
WALDO, FL 32694 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAWFORD, ANN
Address: 13831 NE 199 ST.
City-St-Zip: WALDO, FL 32694

Title: VD () Delete
Name: CRAWFORD, ROBERT
Address: 13831 NE 199 ST.
City-St-Zip: WALDO, FL 32694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CRAWFORD, ANN
Address: 13831 NE 199 ST.
City-St-Zip: WALDO, FL 32694

Title: VP (X) Change () Addition
Name: CRAWFORD, ROBERT
Address: 13831 NE 199 ST.
City-St-Zip: WALDO, FL 32694

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

SIGNATURE: ANN CRAWFORD

PRES

01/10/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date