## **2008 FOR PROFIT CORPORATION**

#### Jul 18, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000067126 07-18-2008 90013 036 \*\*\*150.00 1. Entity Name CARL L. CRAWFORD, P.A. Principal Place of Business Mailing Address 60045015 275 NE 1874ST PO BOX 398297 MIAMI BEACH, FL 33239 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 07152008 Chg-P CR2E034 (12/06) 4. FEI Number 80-0135 843 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAGEN & HAGEN, P.A. 3531 GRIFFIN RD FT LAUDERDALE, FL 33312 mits 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 8. The above named entity the obligations of fe SIGNATURE (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 --10. 11. Delete Addition ☐ Channe TITLE TITLE CRAWFORD, CARL NAME NAME PO BOX 398297 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33239 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

FILED

Daytime Phone #

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### **Detail by Entity Name**

#### Florida Profit Corporation

CARL L. CRAWFORD, P.A.

#### Filing Information

Document Number P03000067126

**FEI Number** 

051193961

Date Filed

06/17/2003

State

FL

Status

**ACTIVE** CANCEL ADM DISS/REV

Last Event Event Date Filed

02/24/2006 ----

**Event Effective Date NONE** 

#### Principal Address

275 NE1871St #310 MiAnc, FL 33132 .... Changed 07/12/2007

#### **Mailing Address**

PO BOX 398297 MIAMI BEACH FL 33239

Changed 08/17/2004

Registered Agent Name & Address

BRIAN Trzystup And Asiceintes LLC 275 ME 1872 St #310 Miann, FL 33132

Officer/Director Detail

Name & Address

Title PRES CRAWFORD, CARL

PO BOX 398297 MIAMI BEACH FL 33239

Annual Reports

Report Year Filed Date

2005

02/24/2006

2006

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07/12/2007

60045015 P03000067126

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