

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**  
05-20-2005 90031 012 \*\*\*150.00

<b>DOCUMENT # P03000117767</b> 1. Entity Name <b>CRAWFORD BUILDERS, INC.</b>			
Principal Place of Business 2011 W. 23RD CT PANAMA CITY FL 32405		Mailing Address 2011 W. 23RD CT PANAMA CITY FL 32405	
2. Principal Place of Business <b>204 23 Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>S/A</b> Suite, Apt. #, etc.	
City & State <b>Panama Fl</b>		City & State <b>S/A</b>	
Zip <b>S/A</b>		Country <b>S/A</b>	
4. FEI Number <b>20-0294589</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRAWFORD, DAVID</b> <b>2011 W. 23RD CT</b> <b>PANAMA CITY FL 32405</b>		7. Name and Address of New Registered Agent Name <b>David Crawford</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 W 23 Court</b> City <b>Panama</b> <b>FL</b> Zip Code <b>32405</b>	
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 <b>David Crawford</b> DATE <b>5-31-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PVP</b> <input type="checkbox"/> Delete NAME <b>CRAWFORD, DAVID</b> STREET ADDRESS <b>2011 W. 23RD CT</b> CITY-ST-ZIP <b>PANAMA CITY FL 32405</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>ST</b> <input type="checkbox"/> Delete NAME <b>CRAWFORD, DAVID</b> STREET ADDRESS <b>2011 W. 23RD CT</b> CITY-ST-ZIP <b>PANAMA CITY FL 32405</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 exemption stated in Section 119.07(3)(i), 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: <b>David Crawford</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>5-31-05</b> <small>Date Daytime Phone #</small>	

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