2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000140064

1. Entity Name
CRAWFORD TILE, INC.

Principal Place of Business	Mailing Address
165 PALM DRIVE VENICE, FL 34292	165 PALM DRIVE VENICE, FL 34292

DO NOT WRITE IN THIS SPACE

04262007   No Chg-P   CR2E034 (11/05)

4. FEI Number 73-1686575	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, JAMES
165 PALM DRIVE
VENICE, FL 34292

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAWFORD, JAMES
STREET ADDRESS	165 PALM DRIVE
CITY-ST-ZIP	VENICE, FL 34292

TITLE	D
NAME	CRAWFORD, BETH
STREET ADDRESS	165 PALM DRIVE
CITY-ST-ZIP	VENICE, FL 34292

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/25/07-80069-022 150.00

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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 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: _Beth Crawford_ _____ 4/27/07 941 4746113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #