

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2005 8:00 am
Secretary of State

04-29-2005 90215 033 ***150.00

DOCUMENT # P04000017688 1. Entity Name CRAWFORD EXCHANGE SERVICES, INC.					
Principal Place of Business 2019 CENTRE POINTE BLVD SUITE 102 TALLAHASSEE, FL 32308			Mailing Address 2019 CENTRE POINTE BLVD SUITE 102 TALLAHASSEE, FL 32308		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04262005 Chg-P CR2E034 (10/03)	
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0641445 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAWFORD, ROGER S 2019 CENTRE POINTE BLVD SUITE 102 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee if applicable. (NOTE: Registered Agent signature required when re-electing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 CRAWFORD, ROGER S ☐ Delete PO BOX 13573 TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATRICIA BAHMANN ☐ Change ☒ Addition P.O BOX 13573 TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 I am empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROGER S. CRAWFORD			Date: 4/24/2005 (850) 309-1031 Daytime Phone #		

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