

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90032 028 ***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
**POB 13573
TALLAHASSEE, FL 32317**

2. Principal Place of Business - No P.O. Box #
2016 Ted Hines Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State

Zip
32308

Country
USA

Zip

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-0641445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAWFORD, ROGER S
2019 CENTRE POINTE BLVD SUITE 102
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

2016 Ted Hines Drive

City **Tallahassee**

FL

Zip Code
32308

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 re-registering)

DATE

4/30/07

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **S BAHMANN, PATRICIA** ☐ Delete
STREET ADDRESS **PO BOX 13573**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Bahmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (850) 309-1031

Date

Daytime Phone #

Patricia Bahmann