

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90257 039 ***150.00

DOCUMENT # P04000018329

1. Entity Name
AAL CRAWFORD ENTERPRISES, INC.



Principal Place of Business
**522 HUNT CLUB BLVD., #305
APOPKA, FL 32703**

Mailing Address
**522 HUNT CLUB BLVD., #305
APOPKA, FL 32703**

50000036



2. Principal Place of Business No P.O. Box#
380 SOUTH STATE RD 434

3. Mailing Address
380 SOUTH STATE RD 434

Suite, Apt. #, etc.
1004-157

Suite, Apt. #, etc.
1004-157

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

Zip
32714

Country
US

Zip
32714

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
56-2432677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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 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** ☐ Delete
NAME **CRAWFORD, ABDUL M**
STREET ADDRESS **522 HUNT CLUB BLVD., #305**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **D** ☐ Delete
NAME **JACKSON-CRAWFORD, LISA**
STREET ADDRESS **522 HUNT CLUB BLVD., #305**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **CRAWFORD, ABDUL M**
STREET ADDRESS **P.O. Box 1055 PLYMOUTH FL 32768-1055**
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **JACKSON-CRAWFORD, LISA**
STREET ADDRESS **P.O. Box 1055 PLYMOUTH FL 32768-1055**
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07 (321) 256-9405