

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087301

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** CRAWFORD INSURANCE AGENCY OF FLORIDA, INC.

**Current Principal Place of Business:**

3333 RENASSIANCE BLVD  
SUITE204  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

3333 RENASSIANCE BLVD  
SUITE 200  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

PO BOX 275  
ESTERO, FL 33928

**New Mailing Address:**

**FEI Number:** 20-1195070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, GARY V  
8539 FAIRWAY BEND DRIVE  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

CRAWFORD, GARY V  
8539 FAIRWAY BEND DRIVE  
FORT MYERS, FL 33967 US

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.

SIGNATURE: GARY V CRAWFORD

04/15/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CRAWFORD, GARY V  
Address: 8539 FAIRWAY BEND DRIVE  
City-St-Zip: FORT MYERS, FL 33967

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: CRAWFORD, JUSTIN D  
Address: 8409 BUTTERNUT RD  
City-St-Zip: FORT MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN D CRAWFORD

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date