2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P04000087301

Entity Name: CRAWFORD INSURANCE AGENCY OF FLORIDA, INC.

Current Principal Place of Business:

3333 RENASSIANCE BLVD
SUITE 200
BONITA SPRINGS, FL 34134

New Principal Place of Business:

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 33967 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: GARY V CRAWFORD PRES 02/17/2011

Electronic Signature of Signing Officer or Director Date