


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90485 007 \*\*\*150.00

<b>DOCUMENT # P04000125394</b> 1. Entity Name <b>CRAWFORD MANAGEMENT COMPANY</b>					
Principal Place of Business <b>800 W CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL 33309</b>			Mailing Address <b>800 W CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>16-1706798</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEGEL, LARRY 800 W CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when remaining) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, REBA 910 SUSAN AVE N LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, T, D CRAWFORD, REBA 800 W. CYPRESS CREEK RD., #470 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, GEORGE 910 SUSAN AVE N LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAWFORD, GEORGE 800 W. CYPRESS CREEK RD., #470 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, AS, AT LEGEL, LARRY 800 W. CYPRESS CREEK RD., #470 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/05 954-493-8900 <small>Date Daytime Phone #</small>		

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