

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 048 ***150.00

DOCUMENT # P04000125394

1. Entity Name
CRAWFORD MANAGEMENT COMPANY



Principal Place of Business
800 W CYPRESS CREEK ROAD SUITE 470
FT LAUDERDALE, FL 33309

Mailing Address
800 W CYPRESS CREEK ROAD SUITE 470
FT LAUDERDALE, FL 33309

2. Principal Place of Business
800 W. CYPRESS CREEK ROAD
Suite, Apt. #, etc.
SUITE 465

3. Mailing Address
800 W. CYPRESS CREEK ROAD
Suite, Apt. #, etc.
SUITE 465

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip Country
33309 USA

Zip Country
33309 USA

04282006 Chg-P CR2E034 (11/05)

4. FEI Number
16-1706798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEGE, LARRY
800 W CYPRESS CREEK ROAD SUITE 470
FT LAUDERDALE, FL 33309

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDV CRAWFORD, REBA 800 W CYPRESS CREEK ROAD, #470 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAWFORD, GEORGE 800 W CYPRESS CREEK ROAD, #470 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT LEGE, LARRY 800 W CYPRESS CREEK ROAD, #470 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGE, LARRY 800 W CYPRESS CREEK ROAD, #470 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	910 SUSAN AVE. NORTH LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	910 SUSAN AVE. NORTH LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:

Reba Crawford
REBA CRAWFORD
Secretary

4.28.6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #