2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # P04000133564

1. Entity Name
CRAWFORD 66TH STREET, INC.

Principal Place of Business	Mailing Address
11600 60TH ST NORTH PINELLAS PARK, FL 33782	11600 60TH ST NORTH PINELLAS PARK, FL 33782

DO NOT WRITE IN THIS SPACE

01052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
34-2017709	Not Applicable

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

6. Name and Address of Current Registered Agent

CRAWFORD, CAROL J
11600 60TH ST N.
PINELLAS PARK, FL 33782

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

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

U000000308821
02/07/08-80064-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRAWFORD, CAROL J
STREET ADDRESS	P O BOX 848
CITY-ST-ZIP	PINELLAS PARK, FL 33780

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Carol Crawford_   1/23/08   727-544-1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #