

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90028 015 \*\*\*150.00

<b>DOCUMENT # P05000129708</b>					
<b>1. Entity Name</b> THE CROWLEY GROUP, INC.					
<b>Principal Place of Business</b> 2000 WEBBER STREET SARASOTA, FL 34239 US			<b>Mailing Address</b> 2000 WEBBER STREET SARASOTA, FL 34239 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-3722654	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHEA, JOSEPH R ESQ. 2000 WEBBER STREET SARASOTA, FL 34239			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> CROWLEY, TIMOTHY M <b>STREET ADDRESS</b> 2000 WEBBER STREET <b>CITY - ST - ZIP</b> SARASOTA, FL 34239	<b>TITLE</b> VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Albert Myara <b>STREET ADDRESS</b> 16917 Bluestem Circle <b>CITY - ST - ZIP</b> Bradenton, FL 34202		<b>TITLE</b> VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Joseph R. Cleary <b>STREET ADDRESS</b> 1505 Pelican Pt Dr. #172 <b>CITY - ST - ZIP</b> Sarasota, FL 34231		
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> CROWLEY, JUDITH A <b>STREET ADDRESS</b> 2000 WEBBER STREET <b>CITY - ST - ZIP</b> SARASOTA, FL 34239	<b>TITLE</b> VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Kenneth Allen <b>STREET ADDRESS</b> P.O. Box 20067 <b>CITY - ST - ZIP</b> Sarasota, FL 34274		<b>TITLE</b> VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Leonard Hogan <b>STREET ADDRESS</b> 7113 N Serenoa Dr. <b>CITY - ST - ZIP</b> Sarasota, FL 34231		
<b>TITLE</b> PS <input type="checkbox"/> Delete <b>NAME</b> CROWLEY, PETER M <b>STREET ADDRESS</b> 2000 WEBBER STREET <b>CITY - ST - ZIP</b> SARASOTA, FL 34239	<b>TITLE</b> VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> DU KOR, PAUL <b>STREET ADDRESS</b> 8009 WATERVIEW BLVD <b>CITY - ST - ZIP</b> BRADENTON, FL 34202		<b>TITLE</b> VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Joseph T. Cleary <b>STREET ADDRESS</b> 2945 Wood Pine Way <b>CITY - ST - ZIP</b> Sarasota, FL 34231		
<b>TITLE</b> VP <input type="checkbox"/> Delete <b>NAME</b> ROSS, ANN <b>STREET ADDRESS</b> 1513 TANGIER WAY <b>CITY - ST - ZIP</b> SARASOTA, FL 34239	<b>TITLE</b> VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Fred Gibson <b>STREET ADDRESS</b> 122 Martellugo Dr <b>CITY - ST - ZIP</b> Venice, FL 34275		<b>TITLE</b> VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Joseph T. Cleary <b>STREET ADDRESS</b> 2945 Wood Pine Way <b>CITY - ST - ZIP</b> Sarasota, FL 34231		
<b>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</b>					
<b>SIGNATURE:</b> _____ <b>3/7/07</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					