

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000103907

1. Entity Name
CRAWFORD CAPITAL GROUP, INC.



FILED

10 MAY 17 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
320 S FLAMINGO ROAD
SUITE #166
PEMBROKE PINES, FL 33027

Mailing Address
320 S FLAMINGO ROAD
SUITE #166
PEMBROKE PINES, FL 33027



2. Principal Place of Business - No P.O. Box #
7958 PINES BLVD
Suite, Apt. #, etc.
#124
City & State
PEMBROKE PINES
Zip
33024
Country
Broward

3. Mailing Address
7958 PINES BLVD
Suite, Apt. #, etc.
#124
City & State
PEMBROKE PINES, FL
Zip
33024
Country
Broward

05072010 Chg-P CR2E034 (11/08)

4. FEI Number
26-1093166
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CRAWFORD, STEVEN L
320 S. FLAMINGO ROAD
SUITE#166
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent
Name
Jane
Street Address (P.O. Box Number is Not Acceptable)
7958
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 Steven L Crawford DATE 5-10-10
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO CRAWFORD, STEVEN L 320 S. FLAMINGO ROAD SUITE#166 PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRAWFORD, KAMILLE M 320 S. FLAMINGO ROAD SUITE#166 PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CRAWFORD, MIA M 320 S. FLAMINGO ROAD SUITE #166 PEMBROKE PINES, FL 33027	<input 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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	000180635780 05/10/10--01032--010 **150.00	<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	15/17	<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: Steven L Crawford DATE 5-10-10 DAYTIME PHONE # 854-661-6723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR