

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059437

FILED
Apr 22, 2009
Secretary of State

Entity Name: J & C CRAWFORD MANAGEMENT, INC.

Current Principal Place of Business:

397 CIRCLEWOOD LANE
CINCINNATI, OH 45215 US

New Principal Place of Business:

Current Mailing Address:

397 CIRCLEWOOD LANE
CINCINNATI, OH 45215 US

New Mailing Address:

FEI Number: 26-2972713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMPE, JOSEPH C ESQ.
941 NORTH HIGHWAY A1A
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAWFORD, ROBERT J
Address: 397 CIRCLEWOOD LANE
City-St-Zip: CINCINNATI, OH 45215 US

Title: D () Delete
Name: CRAWFORD, ANNE
Address: 397 CIRCLEWOOD LANE
City-St-Zip: CINCINNATI, OH 45215 US

Title: D () Delete
Name: CRAWFORD, JAMES R
Address: 2901 NORTH ROCK ISLAND ROAD, APT. 202
City-St-Zip: MARGATE, FL 33063 US

Title: D () Delete
Name: CRAWFORD, MICHAEL J
Address: PIA SUGINAWI 301, SUGINAMI-HO-22-6
City-St-Zip: HAKODATE, JAPAN, JA 040-0004 JA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. CRAWFORD

DIR

04/22/2009

Electronic Signature of Signing Officer or Director

Date