

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000075228			
1. Entity Name ROBERT W. CRAWFORD, P.A.			
Principal Place of Business 1215 EAST BROWARD BLVD. FT. LAUDERDALE FL 33301		Mailing Address 524 NORTH VICTORIA PARK RD FORT LAUDERDALE FL 33301-3748	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RINALDI, BETTY 1215 E. BROWARD BLVD. FORT LAUDERDALE FL 33301		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CRAWFORD, MARGOT W 524 NORTH VICTORIA PARK ROAD FORT LAUDERDALE FL 33301-3748	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0479208** Applied For ☐ Not Applied For ☐

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

000000422405
02/17/06-80014-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert W. Crawford 2/2/06 954-462-3583