


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90005 010 \*\*\*150.00

<b>DOCUMENT # P95000031962</b> 1. Entity Name <b>T &amp; T CRAWFORD ENTERPRISE INC.</b>					
Principal Place of Business <b>1930 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415-6415 US</b>			Mailing Address <b>3763 VICTORIA DR WEST PALM BEACH, FL 33406 US</b>		
2. Principal Place of Business <b>6129 Blue Grass Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>6129 Blue Grass Circle</b> Suite, Apt. #, etc.			
City & State <b>Lake Worth, FL</b>		City & State <b>Lake Worth, FL</b>		4. FEI Number <b>65-0574486</b>	
Zip <b>33463-6602</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WINKEL, WILLIAM ESQ 7301 SOUTH DIXIE HWY WEST PALM BCH, FL 33405</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAWFORD, THOMAS N SR 3763 VICTORIA DR WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWFORD, THOMAS N JR 8080 DILLMAN RD. WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, JOAN S 3763 VICTORIA DRIVE WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAWFORD, THOMAS N. SR. 6129 BLUE GRASS CIRCLE LAKE WORTH, FL 33463-6602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWFORD, THOMAS N JR 8080 DILLMAN RD. WEST PALM BEACH, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, JOAN S. 6129 BLUE GRASS CIRCLE LAKE WORTH, FL 33463-6602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, JOAN S. 6129 BLUE GRASS CIRCLE LAKE WORTH, FL 33463-6602	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, JOAN S. 6129 BLUE GRASS CIRCLE LAKE WORTH, FL 33463-6602	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, JOAN S. 6129 BLUE GRASS CIRCLE LAKE WORTH, FL 33463-6602	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>SIGNATURE:</b> <i>Joane S. Crawford</i> <b>Joane S. Crawford, Secretary/Treasurer</b> <b>1/12/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #</small>					