

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031962

FILED
Mar 17, 2005
Secretary of State

Entity Name: T & T CRAWFORD ENTERPRISE INC.

Current Principal Place of Business:

6129 BLUE GRASS CIRCLE
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

6129 BLUE GRASS CIRCLE
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0574486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINKEL, WILLIAM ESQ
7301 SOUTH DIXIE HWY
WEST PALM BCH, FL 33405 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: DP () Delete
Name: CRAWFORD, THOMAS N SR
Address: 6129 BLUE GRASS CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: V () Delete
Name: CRAWFORD, THOMAS N JR
Address: 8080 DILLMAN RD.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ST () Delete
Name: CRAWFORD, JOAN S
Address: 6129 BLUE GRASS CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CRAWFORD, THOMAS N JR
Address: 9330 102ND AVENUE
City-St-Zip: VERO BEACH, FL 32967

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOAN S. CRAWFORD

ST

03/17/2005

Electronic Signature of Signing Officer or Director

Date