


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90014 030 \*\*\*150.00

**DOCUMENT # P97000095087**

1. Entity Name  
CRAWFORD TECHNOLOGIES, INC.



Principal Place of Business  
1930 SOUTH MILITARY TRAIL  
1930 SOUTH MILITARY TRAIL  
WEST PALM BEACH, FL 33415-6415

Mailing Address  
3763 VICTORIA DRIVE  
WEST PALM BEACH, FL 33406 US

2. Principal Place of Business  
1629 BLUE GRASS CIRCLE

3. Mailing Address  
6129 BLUE GRASS CIRCLE

Suite, Apt. #, etc.

City & State  
LAKE WORTH, FL 33463-6602

City & State  
LAKE WORTH, FL 33463-6602

Zip  
33463-6602

Country  
PALM BEACH

Zip  
33463-6602

Country  
PALM BEACH

01072004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0797952

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WINKEL, WILLIAM M ESQ.  
2627 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33406

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) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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	PD CRAWFORD, THOMAS N SR. 3763 VICTORIA DRIVE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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	STD CRAWFORD, JOAN S 3763 VICTORIA DRIVE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRAWFORD, JOAN S. 6129 BLUE GRASS CIRCLE LAKE WORTH, FL 33463-6602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE:** *Joan S. Crawford* Joan S. Crawford, Secretary/Treasurer 01/07/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 561-434-3803