

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.

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01072004 Chg-P CR2E034 (10/03)

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, THOMAS N SR. <input type="checkbox"/> Delete 3763 VICTORIA DRIVE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRAWFORD, JOAN S <input type="checkbox"/> Delete 3763 VICTORIA DRIVE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CRAWFORD, THOMAS N. SR. 6129 BLUE GRASS CIRCLE LAKE WORTH, FL 33463-6602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CRAWFORD, JOAN S. 6129 BLUE GRASS CIRCLE LAKE WORTH, FL 33463-6602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

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