

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90233 041 \*\*\*150.00

**DOCUMENT # P98000104309**

1. Entity Name

ROBERT H. CRAWFORD, P.A.



Principal Place of Business

5420 CENTRAL AVE  
ST PETERSBURG FL 33707  
US

Mailing Address

5420 CENTRAL AVE  
ST PETERSBURG FL 33707  
US

14021710



MOORE CR2E034 (11/03)

2. Principal Place of Business

5960 Central Avenue

3. Mailing Address

P.O. Box 48008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3547897

Applied For

Not Applicable

Zip

Country

33707

Pinellas

Zip

Country

33743-8008

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NOYES, CATHERINE M  
5960 CENTRAL AVE Suite B  
ST PETERSBURG FL 33707

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE PD ☒ Delete  
NAME CRAWFORD, ROBERT H  
STREET ADDRESS 5420 CENTRAL AVENUE  
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Director ☐ Change ☐ Addition  
NAME Catherine M. Noyes, Trustee  
STREET ADDRESS 5960 Central Avenue, Suite B  
CITY-ST-ZIP St. Petersburg, FL 33707

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Catherine M. Noyes, Trustee & Resident Agent* 4/15/04