


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90401 014 \*\*\*150.00

<b>DOCUMENT # P98000104309</b>		
1. Entity Name ROBERT H. CRAWFORD, P.A.		

Principal Place of Business 5960 CENTRAL AVE STE B ST PETERSBURG, FL 33707 US	Mailing Address PO BOX 48008 SAINT PETERSBURG, FL 33743-8008 US
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2. Principal Place of Business 424 Central Ave. Suite, Apt. #, etc. Suite 200	3. Mailing Address Suite, Apt. #, etc.
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City & State St. Petersburg, FL	City & State
Zip 33701 Country USA	Zip Country

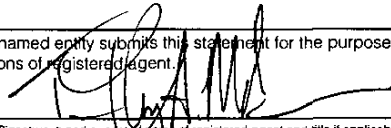
40051000

03302006 Chg-P CR2E034 (11/05)



4. FEI Number 59-3547897		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NOYES, CATHERINE M 5960 CENTRAL AVE SUITE B ST PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name TIMOTHY A. MILLER Street Address (P.O. Box Number is Not Acceptable) 424 Central Avenue, Suite 200 City St. Petersburg FL Zip Code 33701

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.

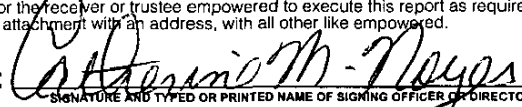
SIGNATURE  DATE 4-14-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOYES, CATHERINE M 5960 CENTRAL AVE STE B SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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:  DATE 4/14/06 DAYTIME PHONE 727-656-6475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR