

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90001 047 ***150.00

DOCUMENT # P99000015549

1. Entity Name

CRAWFORD TIMBER SERVICES, INC.



Principal Place of Business

HC-1, BOX 90
OLD TOWN FL 32680

Mailing Address

HC-1, BOX 90
OLD TOWN FL 32680

2. Principal Place of Business

426 SE 455th Ave

3. Mailing Address

426 SE 455th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Old Town, FL

City & State

Old Town, FL

4. FEI Number

59-3574832

Applied For

Not Applicable

Zip

32680

Country

USA

Zip

32680

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, DIANA L
HC-1, BOX 90
OLD TOWN FL 32680

7. Name and Address of New Registered Agent

Name

Guy A Crawford

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

426 SE 455th Ave

City

Old Town

FL

Zip Code

32680

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

Diana L. Crawford

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

(NOTE: Registered Agent signature required when reinstating)

03-28-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 P ☐ Delete
NAME CRAWFORD, GUY
STREET ADDRESS ~~HC-1 BOX 90~~ 426 SE 455th Ave
CITY-ST-ZIP OLD TOWN FL 32680

TITLE ST ☒ Delete
NAME CRAWFORD, DIANA L
STREET ADDRESS HC-1 BOX 90
CITY-ST-ZIP OLD TOWN FL 32680

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

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

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

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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

Guy A Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy A Crawford

03/28/05

(352) 578-4514

Date

Daytime Phone #