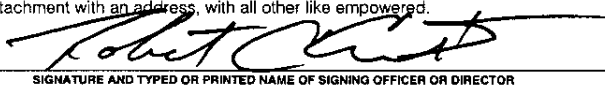


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90034 036 ***150.00

DOCUMENT # 285555 1. Entity Name CREWS EQUIPMENT CO., INC.					
Principal Place of Business 300 E CORNELL ST AVON PARK, FL 33825 US			Mailing Address P.O. BOX 1669 AVON PARK, FL 33826 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01142004 Chg-P CR2E034 (10/03)				4. FEI Number 59-1059482	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CREWS, ROBERT C 300 E. CORNELL ST. AVON PARK, FL 33825			7. Name and Address of New Registered Agent Name Robert C Crews II Street Address (P.O. Box Number is Not Acceptable) 300 E CORNELL ST City Avon Park FL Zip Code 33825		
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 1/14/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 CREWS, ROBERT C 475 E LOVELA DR AVON PARK, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CREWS, ROBERT C II P.O. BOX 1961 AVON PARK, FL 33826	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 	☐ Change ☐ 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: 		DATE 1/14/04 DAYTIME PHONE # 863-453-3040			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					