

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151737

Entity Name: JOSEPH W. CREWS, INC.

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

1769 N.E. 39TH COURT  
UNIT 1201  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5134  
LIGHTHOUSE POINT,, FL 33074 US

**New Mailing Address:**

FEI Number: 20-3786629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAUTMAN, NANCY M  
1769 N. E. 39TH COURT  
UNIT 1201  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRAUTMAN, LESLIE C  
Address: 1769 N.E. 39TH COURT, UNIT 1201  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: ST ( ) Delete  
Name: TRAUTMAN, NANCY M  
Address: 1769 N. E. 39TH COURT, UNIT 1201  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: DR ( ) Delete  
Name: CREWS, JOSEPH W  
Address: 2545 S. E. 1ST COURT  
City-St-Zip: POMPANO BEACH, FL 33062 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY M. TRAUTMAN

ST

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date