## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151737

Entity Name: JOSEPH W. CREWS, INC.

**Current Principal Place of Business:** 

13245 ATLANTIC BLVD JACKSONVILLE FL

#4-376

JACKSONVILLE, FL 36025

**Current Mailing Address:** 

393 PORTA ROSA CIRCLE ST. AUGUSTINE, FL 32092

FEI Number: 20-3786629 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREWS, JOSEPH W 393 PORTA ROSA CIRCLE ST. AUGUSTINE, FL 32092 US

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

FILED Sep 14, 2015

**Secretary of State** 

CC5457456948

Officer/Director Detail:

Title PSTD Title T

Name CREWS, JOSEPH W Name LARSEN, MICHAEL

Address 1506 SW 24TH STREET Address 393 PORTA ROSA CIRCLE
City-State-Zip: FORT LAUDERDALE FL 33315 City-State-Zip: ST. AUGUSTINE FL 32092

Title MGR

Name JENNE, JOSEPH D JR.

Address 5645 SHEFFIELD PL

City-State-Zip: MELBOURNE FL 32940

SIGNATURE: JOSEPH W CREWS

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

09/14/2015

Date