


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 238456 1. Entity Name SUMMERS & CREWS INC	
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Principal Place of Business 726 ALBERTSON PLACE ORLANDO, FL 32806	Mailing Address 726 ALBERTSON PLACE ORLANDO, FL 32806
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0823996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEDGES, DONNA 726 ALBERTSON PLACE ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CREWS, BRADLEY 4210 AG. ROAD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEDGES, DONNA C 726 ALBERTSON PLACE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CREWS, RICHARD P 202 LANCELOT DRIVE SIMPSONVILLE, SC 29681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CREWS, JOHN E 6470 LAKE BUFFUM RD., S. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>11. DO NOT WRITE IN THIS SPACE</p> <p>01/20/06-80036-013 158.75</p>

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 my address, with all other like empowered.

SIGNATURE: Donna C. Hedges Donna C. Hedges 1-10-06 407-856-1765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer