2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# 243435

Entity Name: C. ELTON CREWS, INCORPORATED

Current Principal Place of Business:

300 E CORNELL ST
POST OFFICE BOX 1405
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

PO BOX 1669
AVON PARK, FL 33826

New Mailing Address:

FEI Number: 59-0951453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CREWS, ROBERT C II
300 E. CORNELL ST
AVON PARK, FL 33825 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: VD (X) Delete
Name: CREWS,C ELTON,
Address: 1275 E LOTELA DR
City-St-Zip: AVON PARK, FL

Title: SD ( ) Delete
Name: CREWS,NORMA D,
Address: 1275 E LOTELA DR
City-St-Zip: AVON PARK, FL

Title: PD ( ) Delete
Name: CREWS, ROBERT C II
Address: PO BOX 1961
City-St-Zip: AVON PARK, FL 33826

Title: SDT ( ) Delete
Name: CREWS, CRISTY F
Address: PO BOX 1961
City-St-Zip: AVON PARK, FL 33826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CREWS,NORMA D,
Address: 1275 E LOTELA DR
City-St-Zip: AVON PARK, FL 33825

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

Title: STD (X) Change ( ) Addition
Name: CREWS, CRISTY F
Address: PO BOX 1961
City-St-Zip: AVON PARK, FL 33826

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT C. CREWS II P/D 03/08/2005

Electronic Signature of Signing Officer or Director — Date