


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 248762
 1. Entity Name
CREWS AND GARCIA, INC.



Principal Place of Business
**HILLSBOROUGH AT 28TH STREET 33610
 P.O. BOX 11795
 TAMPA, FL 33680-8795**

Mailing Address
**P.O. BOX 11795
 TAMPA, FL 33680-8795**

DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0935395 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CREWS, W B
 2801 E HILLSBOROUGH
 TAMPA, FL 33180-8795**

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 _____ (NOTE Registered Agent signature required when reappointing)
 DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

000000891849
 04/23/08-80042-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ERNEST L JR 1506 W PARK LANE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CREWS, W.B. 2801 E HILLSBORO TAMPA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREWS, TERRY M 639 S RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 an address, with all other like empowered.

SIGNATURE: Terry M. Crews - Terry M. Crews - V-President 4/11/08 (813) 236-5536
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #