## ANNUAL REPORT

## Feb 09, 2006 8:00 am **DOCUMENT #364666** Secretary of State 1. Entity Name D.H. CREWS PROPERTIES, INC. 02-09-2006 90045 005 \*\*\*150.00 Principal Place of Business Mailing Address ROUTE 2 800 834 590 E 620 E BEREAH FORT MEADE, FL 33841 FORT MEADE, FL 33841 2. Principal Place of Business Mailing Address 620E, 01142006 Chg-P CR2E034 (11/05) 4. FÉI Number Applied For 59-1295091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent CREWS, DH Street Address (P.O. Box Number is Not Acceptable) 590 EAST BEREOH RD FORT MEADE, FL 33841 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE ☐ Delete ☐ Change CREWS,D H NAME NAME: STREET ADDRESS STREET ADDRESS 590 EAST BEREAH RD CITY-ST-ZIP CITY-ST-ZIP FORT MEADE, FL 33841 TITLE TITLE Delete ince preseder CREWS, HORACLE NAME NAME Horde Crew STREET ADDRESS 620 EAST BEREAH RD STREET ADDRESS CITY-ST-ZIP FORT MEADE, FL 33841 CITY+ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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

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## ZUUU FUK PKUFII UUKPUKATIUN ANNUAL REPORT **DOCUMENT/#364666** ATTACHMENT 1. Entity Name D.H. CREWS PROPERTIES, INC. 66013522 Principal Place of Business Mailing Address **ROUTE 2 BOX 634** 620 E BEREAH FORT MEADE, FL 33841 FORT MEADE, FL 33841 111111 01142006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-1295091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CREWS, DH DO NOT WRITE 590 EAST BEREOH RD FORT MEADE, FL 33841 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. ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΠ TITLE CREWS,D H NAME STREET ADDRESS 590 EAST BEREAH RD CITY-ST-ZIP FORT MEADE, FL 33841 TITLE VΡ CREWS, HORACLE NAME STREET ADDRESS **620 EAST BEREAH RD** CITY-ST-7IP FORT MEADE, FL 33841 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1-30-2006

863-635-1364