

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429655

FILED
Jan 07, 2004
Secretary of State

Entity Name: L. GERALD CREWS INSURANCE INC

Current Principal Place of Business:

12998 WALSINGHAM RD.
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

P O BOX 806
INDIAN ROCKS BEACH, FL 337850806

New Mailing Address:

FEI Number: 59-1468744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KREMKAU, JEFFREY A VP
12998 WALSINGHAM RD
LARGO, FL 33774

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: DP () Delete
Name: CREWS, L. GERALD PRES
Address: 8333 SEMINOLE BLVD 236D
City-St-Zip: SEMINOLE, FL 337724357

Title: VP () Delete
Name: KREMKAU, JEFFREY A VP
Address: 14869 SEMINOLE TR
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JEFFREY A. KREMKAU

VP

01/07/2004

Electronic Signature of Signing Officer or Director

Date