


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F32081 1. Entity Name REX CREWS FLOORING COMPANY, INC.	
---	---

Principal Place of Business 992 WILLIAMS DITCH RD CANTONMENT, FL 32533 US	Mailing Address 992 WILLIAMS DITCH RD CANTONMENT, FL 32533 US
---	---

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2097050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CREWS, REX
992 WILLIAMS DITCH RD
CANTONMENT, FL 32533**

**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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV CREWS, LOTTIE NELL 992 WILLIAM DITCH ROAD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CREWS, REX 992 WILLIAM DITCH ROAD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CREWS, DANIEL R. 972 WILLIAMS DITCH RD. CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000258560
03/10/05-80045-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lottie Nell Crews, R.P. Lottie Nell Crews, March 4, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #