

-2007 FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2097050

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CREWS, REX
992 WILLIAMS DITCH RD
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name Rocky G. Crews
Street Address (P.O. Box Number is Not Acceptable)
1875 Chavers Rd.
Cantonment,
City FL Zip Code 32533

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

Rocky G. Crews

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when installing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DSV	<input checked="" type="checkbox"/> Delete
NAME	CREWS, LOTTIE NELL	
STREET ADDRESS	992 WILLIAM DITCH ROAD	
CITY- ST- ZIP	CANTONMENT FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CREWS, REX	
STREET ADDRESS	992 WILLIAM DITCH ROAD	
CITY- ST- ZIP	CANTONMENT FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CREWS, DANIEL R.	
STREET ADDRESS	972 WILLIAMS DITCH RD.	
CITY- ST- ZIP	CANTONMENT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rocky G. Crews	
STREET ADDRESS	1875 Chavers Rd.	
CITY- ST- ZIP	Cantonment, FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

Rocky G. Crews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2007

Date

Daytime Phone #