


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G68926</b> 1. Entity Name JOAN J. CROW, INC.	
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Principal Place of Business 2901 W. RUBIDEAUX TAMPA, FL 33629	Mailing Address 2901 W. RUBIDEAUX TAMPA, FL 33629
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**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2339843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, RICHARD M  
400 N ASHLEY DR.  
STE. 2650  
TAMPA, FL 33602-4328

**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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP APTHORP, JOAN C 2901 W RUBIDEAUX TAMPA, FL 336297341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HARPER, MELINDA C 6811 CAPILLA ST. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000866028  
04/08/08-80011-024 150.00

**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:** Joan Johnston Crow Apthorp **3-18-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #