


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H65130</b> 1. Entity Name <b>CREWS SHEET METAL &amp; ROOFING INC.</b>	
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Principal Place of Business <b>1940 E. 21ST ST. JACKSONVILLE, FL 32206</b>	Mailing Address <b>3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208 US</b>
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01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2563164</b>	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**

<b>CREWS, WILLIAM E SR 1940 E. 21ST ST. JACKSONVILLE, FL 32206</b>
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**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 *Evelyn Crews* DATE 1/18/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CREWS, EVELYN 1076 EAGLE BEND CT. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CREWS, WILLIAM E JR 1076 EAGLE BEND CT. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CREWS, PAUL RT. 1 BOX 833 MACCLENLY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/24/05-80058-005 150.00

**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: *Evelyn Crews* DATE 1/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #