

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90261 022 ***150.00

DOCUMENT # H98958

1. Entity Name

CREWS ENTERPRISES, INC.



Principal Place of Business

**1445 BAY SHORE DRIVE
COCOA BEACH FL 32931**

Mailing Address

**1445 BAY SHORE DRIVE
COCOA BEACH FL 32931**

2. Principal Place of Business

20 COVE VIEW CT.

3. Mailing Address

20 COVE VIEW CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State
COCOA BEACH, FL

City & State
COCOA BEACH, FL

4. FEI Number

59-2655952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRSCHENBAUM, JACK A
1800 W. HIBISCUS BLVD., STE. 138
MELBOURNE FL 32902**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PD ☐ Delete
NAME CREWS, LUCILLE G.
STREET ADDRESS 1445 BAY SHORE
CITY-ST-ZIP COCOA BEACH FL

TITLE STD ☐ Delete
NAME CREWS, DONALD R.
STREET ADDRESS 1445 BAY SHORE DRIVE
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MGR ☒ Change ☐ Addition
NAME CREWS, LUCILLE G.
STREET ADDRESS 20 COVE VIEW CT.
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE MGR ☒ Change ☐ Addition
NAME CREWS, DONALD R.
STREET ADDRESS 20 COVE VIEW CT.
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

Date

321-784-1308

Daytime Phone #