2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72001

FILED Jan 13, 2004 Secretary of State

Entity Name: CREWS' QUALITY STUCCO & PLASTER, INC.

Current Principal Place of Business: New Principal Place of Business:

Current Mailing Address: New Mailing Address:

C/O JOHN CARROLL CREWS
PO BOX 672
LEHIGH ACRES, FL., 339707672

C/O JOHN CARROLL CREWS
PO BOX 672
LEHIGH ACRES, FL 339707672

FEI Number: 65-0197119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CREWS, JOHN CARROLL
13781 GUN CLUB ROAD
FORT MYERS, FL 33913

CREWS, JOHN C PRESIDE
13781 ROD & GUN CLUB ROAD
FORT MYERS, FL 33913

CREWS, JOHN C PRESIDE
13781 ROD & GUN CLUB ROAD
FORT MYERS, FL 33913

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.

SIGNATURE: JOHN CARROLL CREWS 01/13/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CREWS, JOHN CARROLL, CREWS, JOHN C P/D Name: Name: 13871 GUN CLUB RD 13781 ROD & GUN CLUB ROAD Address: Address: City-St-Zip: FT MYERS, FL/., City-St-Zip: FT MYERS, FL 33913 US

Title: VSD Title: VSD (X) Change () Addition () Delete Name: CREWS, PATRICIA LOUI, SE Name: CREWS, PATRICIA L VSD 13781 GUN CLUB RD 13781 ROD & GUN CLUB RD Address: Address: FT MYERS, FL 33913 US City-St-Zip: FT MYERS, FL./. City-St-Zip:

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 CREWS, STEVEN L T

 Address:
 Address:
 15630 PARK WAY

 City-St-Zip:
 City-St-Zip:
 ALVA, FL 33920 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L CREWS VSD 01/13/2004