

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72001

FILED
Apr 05, 2006
Secretary of State

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

Current Principal Place of Business:

13781 ROD & GUN CLUB RD
FT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O JOHN CARROLL CREWS
PO BOX 672
LEHIGH ACRES, FL 33970 US

FEI Number: 65-0197119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CREWS, JOHN C P/D
Address: 13781 ROD & GUN CLUB ROAD
City-St-Zip: FT MYERS, FL 33913 US

Title: VSD () Delete
Name: CREWS, PATRICIA L VSD
Address: 13781 ROD & GUN CLUB RD
City-St-Zip: FT MYERS, FL 33913 US

Title: T (X) Delete
Name: CREWS, STEVEN L T
Address: 15630 PARK WAY
City-St-Zip: ALVA, FL 33920 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/05/2006

Electronic Signature of Signing Officer or Director

Date