

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007143

**FILED**  
**May 25, 2011**  
**Secretary of State**

**Entity Name:** EXPERIENCE CREW, INC.

**Current Principal Place of Business:**

5356 SYCAMORE DRIVE  
NAPLES, FL 34119

**New Principal Place of Business:**

28129 HERRING WAY  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

6017 PINE RIDGE RD  
#201  
NAPLES, FL 34119

**New Mailing Address:**

PO BOX 110604  
NAPLES, FL 34108

**FEI Number:** 26-0785505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALVATORI & WOOD, P.L.  
4001 TAMiami TRAIL NORTH  
SUITE 330  
NAPLES, FL 34103 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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: KORNBLUE, BRANDON DIRECTO  
Address: 28129 HERRING WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DIR  
Name: GRAEVE, JOSHUA DIRECTO  
Address: 15298 CORTONA WAY  
City-St-Zip: NAPLES, FL 34120

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRANDON KORNBLUE

DIR

05/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date