

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006264

FILED
Apr 28, 2008
Secretary of State

Entity Name: CREWE OF BOBBIE C. DAVIS, INC.

Current Principal Place of Business:

4312 ZELAR ST.W
TAMPA, FL 336294921

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2593
TAMPA, FL 336012593

New Mailing Address:

FEI Number: 59-3612818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, LEON A JR
2308 W. TEXAS AVE.
TAMPA, FL 336294745 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: PD () Delete
Name: WILLIAMSON, LEON JR.
Address: 2308 WEST TEXAS AVENUE
City-St-Zip: TAMPA, FL 336294745 US

Title: TD () Delete
Name: DAVIS, JAMES G SR.
Address: 4312 W. ZELAR ST.
City-St-Zip: TAMPA, FL 336294921

Title: RC () Delete
Name: SNOOK, TRISTA
Address: 4308 S. GRADY
City-St-Zip: TAMPA, FL 336111330

Title: D () Delete
Name: LOETELL, LINDA
Address: 128 WEST DAVIS BOULEVARD
City-St-Zip: TAMPA, FL 336063540

Title: SC () Delete
Name: HACEK, MICHELLE
Address: 306 W. HAYA STREET
City-St-Zip: TAMPA, FL 336061937

Title: VC () Delete
Name: HACEK, KEN
Address: 306 W. HAYA STREET
City-St-Zip: TAMPA, FL 336061937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: JAMES G. DAVIS, SR.

TD

04/28/2008

Electronic Signature of Signing Officer or Director

Date