

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 042 ***158.75

DOCUMENT # P00000048236

1. Entity Name

CREWS PLUMBING COMPANY, INC.



Principal Place of Business

**6321 N DOGWOOD DR
MILTON FL 32570**

Mailing Address

**6321 N DOGWOOD DR
MILTON FL 32570**

2. Principal Place of Business

6061 Olgesby Rd
Suite, Apt. #, etc.

3. Mailing Address

6061 Olgesby Rd
Suite, Apt. #, etc.

City & State

Milton Fla

City & State

Milton Fla

Zip

32570

Country

Santa Rosa

Zip

32570

Country

Santa Rosa

4. FEI Number

59-3646592

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CREWS, JOEY
1970 SUNRISE DR.
NAVARRE FL 32566**

7. Name and Address of New Registered Agent

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, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVPS
CREWS, JOEY
1970 SUNRISE DR.
NAVARRE FL 32566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CREWS, JOEY
1970 SUNRISE DR.
NAVARRE FL 32566** ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Joey Crews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-06

Date

850-995-4140

Daytime Phone #