2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P00000058826** 04-23-2007 90263 042 ***150.00 1. Entity Name CREWS CUSTOM SERVICES, INC. Principal Place of Business Mailing Address 40077483 930 SW BAYA DRIVE 930 SW BAYA DRIVE LAKE CITY, FL 32025 LAKE CITY, FL 32025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3653408 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, KRIS B P.O. BOX 1178 LAKE CITY, FL 32056)Rive FL 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. SIGNATUR \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITE ☐ Delete TITLE ☐ Change NAME CREWS, KARENA JO NAME 1353 SE LOQUAT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32025 CITY-ST-ZIP ☐ Change TITLE ☐ Defete TATLE ☐ Addition CREWS, BRIAN F NAME NAME 1353 SE LOQUAT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32025 CITY-ST-7IP Addition Defete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.

FILED