

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070842

Entity Name: THE LEWIS CREW, INC.

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

2562 MILLSTONE PLANTATION RD
TALLAHASSEE, FL

New Principal Place of Business:

5693 GAMBLE ROAD
MONTICELLO, FL 32344

Current Mailing Address:

2562 MILLSTONE PLANTATION RD
TALLAHASSEE, FL

New Mailing Address:

5693 GAMBLE ROAD
MONTICELLO, FL 32344

FEI Number: 59-3741000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, ROBERT L II
43 CINCINNATI AVENUE
ST AUGUSTINE, FL 32084 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: LEWIS, THOMAS C
Address: 2562 MILLSTONE PLANTATION RD
City-St-Zip: TALLAHASSEE, FL

Title: VD () Delete
Name: LEWIS, ROBIN
Address: 2562 MILLSTONE PLANTATION RD
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEWIS, THOMAS C
Address: 5693 GAMBLE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: VD (X) Change () Addition
Name: LEWIS, ROBIN
Address: 5693 GAMBLE ROAD
City-St-Zip: MONTICELLO, FL 32344

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: THOMAS C LEWIS

PD

02/16/2007

Electronic Signature of Signing Officer or Director

Date