

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070842

Entity Name: THE LEWIS CREW, INC.

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

5693 GAMBLE ROAD
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

5693 GAMBLE ROAD
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3741000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEWIS, THOMAS C PRES
5693 GAMBLE ROAD
MONTICELLO, FL 32344 US

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: THOMAS C LEWIS

02/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

02/13/2008

Electronic Signature of Signing Officer or Director

Date