

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000111952

1. Entity Name
CREWS APPRAISAL SERVICES, INC.



Principal Place of Business
930 SW BAYA DRIVE
LAKE CITY, FL 32025

Mailing Address
930 SW BAYA DRIVE
LAKE CITY, FL 32025

FILED
May 03, 2004 08:00 AM
Secretary of State



04302004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3756097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBINSON, KRIS B
10 NORTH COLUMBIA STREET
LAKE CITY, FL 32055

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	P CREWS, KARENA J 1353 SE LOQUAT WAY LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CREWS, BRIAN F 1353 SE LOQUAT WAY LAKE CITY, FL 32025
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ KARENA J. CREWS 59-3756097-8522