


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000028557 1. Entity Name COMPUCREW, INC.		
Principal Place of Business 311 N. JUNGLE ROAD GENEVA, FL 32732	Mailing Address 311 N. JUNGLE ROAD GENEVA, FL 32732	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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) <small>Signature, typed or printed name of registered agent and file if applicable.</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCRACKEN, CECIL D 14404 LILY ORCHARD ROAD MOSS POINT, MS 39562	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NASH, ROBERT L 440 LYNN DRIVE OVIEDO, FL 32765	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMPSON, MORRIS CULLEN 311 JUNGLE ROAD GENEVA, FL 32732	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Cecil D McCracken</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-28-05</u> <u>407-349-2373</u> <small>Date Daytime Phone #</small>



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 73-1632122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000282335
03/31/05-80039-020 150.00

**DO NOT WRITE
IN THIS SPACE**