

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90752 031 ***150.00

DOCUMENT # P03000009279

1. Entity Name

CREW & ASSOCIATES, INC.



Principal Place of Business

7307 LAKE MARSHA DR
ORLANDO FL 32819

Mailing Address

7307 LAKE MARSHA DR
ORLANDO FL 32819

2. Principal Place of Business

604 Trey Moor Lake Cir

3. Mailing Address

604 Trey Moor Lake Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alabaster, AL

City & State

Alabaster, AL

Zip

35007

Country

USA

Zip

35007

Country

USA

4. FEI Number

75-3094612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CREW, BENJAMIN J
7307 LAKE MARSHA DR
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

~~Robert L. Crew~~ Benjamin J. Crew

Street Address (P.O. Box Number is Not Acceptable)

~~7307 Lake Marsha Dr~~ 604 Trey Moor Lake Cir

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME CREW, BENJAMIN J
STREET ADDRESS 7307 LAKE MARSHA DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME Crew, Benjamin J.
STREET ADDRESS 604 Trey Moor Lake Circle
CITY-ST-ZIP Alabaster, AL 35007

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Benjamin J. Crew

4/30/04

205-432-8362