## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000085836

5972 CALEB TRAIL

MACCLENNY, FL 32063

Address:

City-St-Zip:

Entity Name: CREWS AND CREWS, INC.

FILED Apr 15, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5972 CALEB TRAIL MACCLENNY, FL 32063 **Current Mailing Address: New Mailing Address:** 5972 CALEB TRAIL MACCLENNY, FL 32063 FEI Number: 04-3768544 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: CREWS, PHILLIP D CREWS, PHILLIP D 250 SAN MARCO AVENUE 904 SOÚTH SR 19 ST. AUGUSTINE, FL 32084 PALATKA, FL 32177 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: 04/15/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: () Change () Addition CREWS, PHILIP D Name: Name: 5972 CALEB TRAIL Address: Address: City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: Title: SVD () Delete Title: () Change () Addition Name: CREWS, JUDITH A Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: JUDITH A. CREWS SVD 04/15/2004