

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085836

FILED  
Apr 10, 2005  
Secretary of State

Entity Name: CREWS AND CREWS, INC.

**Current Principal Place of Business:**

5972 CALEB TRAIL  
MACCLENNY, FL 32063

**New Principal Place of Business:**

P.O. BOX 772  
HOLLISTER, FL 32147

**Current Mailing Address:**

5972 CALEB TRAIL  
MACCLENNY, FL 32063

**New Mailing Address:**

P.O. BOX 772  
HOLLISTER, FL 32147

FEI Number: 04-3768544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CREWS, PHILLIP D  
904 SOUTH SR 19  
PALATKA, FL 32177 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CREWS, PHILIP D  
Address: 5972 CALEB TRAIL  
City-St-Zip: MACCLENNY, FL 32063

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: CREWS, PHILIP D  
Address: P.O. BOX 772  
City-St-Zip: HOLLISTER, FL 32147

Title: SVD (X) Change ( ) Addition  
Name: CREWS, JUDITH A  
Address: P.O. BOX 772  
City-St-Zip: HOLLISTER, FL 32147

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.

SIGNATURE: PHILLIP D. CREWS

PTD

04/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date