


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90001 045 ***158.75

DOCUMENT # P03000107189 1. Entity Name JOSEPH CROW, INC.					
Principal Place of Business 5688 BENNINGTON DRIVE JACKSONVILLE, FL 32244			Mailing Address 5688 BENNINGTON DRIVE JACKSONVILLE, FL 32244		
2. Principal Place of Business <i>Same as above</i>			3. Mailing Address <i>Same as above</i>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 20-0260013	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PACETTI, W SCOTT 136 MALAGA STREET ST AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name <i>Same as before</i> Street Address (P.O. Box Number is Not Acceptable) 	
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.				City FL	
Zip Code 				8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CROW, JOSEPH		TITLE TREASURE	NAME JASON D. CROW	
STREET ADDRESS 5688 BENNINGTON DRIVE	CITY-ST-ZIP JACKSONVILLE, FL 32244		STREET ADDRESS 5688 BENNINGTON DR	CITY-ST-ZIP JACKSONVILLE FL 32244	
TITLE ST	NAME CROW, MERLEINE		TITLE 	NAME 	
STREET ADDRESS 5688 BENNINGTON DRIVE	CITY-ST-ZIP JACKSONVILLE, FL 32244		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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>Joseph M Crow</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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