

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113592

Entity Name: CREWS COFFEE, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

12705 CREWS NURSERY LANE
MCCLENNY, FL 32063

New Principal Place of Business:

12705 CREWS NURSERY LANE
MACCLENNY, FL 32063

Current Mailing Address:

12705 CREWS NURSERY LANE
MCCLENNY, FL 32063

New Mailing Address:

12705 CREWS NURSERY LANE
MACCLENNY, FL 32063

FEI Number: 20-0303574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREWS, MIKE
12705 CREWS NURSERY LANE
MCCLENNY, FL 32063 US

Name and Address of New Registered Agent:

CREWS, MIKE
12705 CREWS NURSERY LANE
MACCLENNY, FL 32063 US

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: MIKE CREWS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CREWS, TONNA
Address: 12705 CREWS NURSERY LANE
City-St-Zip: MCCLENNY, FL 32063

Title: D () Delete
Name: CREWS, MIKE
Address: 12705 CREWS NURSERY LANE
City-St-Zip: MCCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CREWS, TONNA
Address: 12705 CREWS NURSERY LANE
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Change () Addition
Name: CREWS, MIKE
Address: 12705 CREWS NURSERY LANE
City-St-Zip: MACCLENNY, FL 32063

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: TONNA CREWS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date