2008 FOR PROFIT CORPORATION

FILED May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000048552 1. Entity Name 05-05-2008 90250 038 ***150 00 RC CREWS INC. Principal Place of Business Mailing Address 46001012 1093 SEVE ROBERTS SPECIAL P.O. BOX 1052 WAUCHULA, FL 33873 ZOLFO SPRINGS, FL 33890 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4536061 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONALDSON, DEVON P Streel Address (P.O. Box Number is Not Acceptable) 120 SOUTH ANOKA AVENUE AVON PARK, FL 33825 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D. P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CREWS, RICHARD NAME STREET ADDRESS P.O. BOX 1052 STREET ADDRESS WAUCHULA, FL 33873 CITY-\$1-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME CREWS, CATHY NAME STREET ADDRESS P.O. BOX 1052 STREET ADDRESS CITY-ST-ZIP WAUCHULA, FL 33873 CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME

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TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

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Date Daytime Phone #

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