

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048552

Entity Name: RC CREWS INC.

FILED
Jul 15, 2009
Secretary of State

Current Principal Place of Business:

1093 SEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

1093 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890 US

Current Mailing Address:

P.O. BOX 1052
WAUCHULA, FL 33873

New Mailing Address:

P.O. BOX 1052
WAUCHULA, FL 33873 US

FEI Number: 20-4536061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONALDSON, DEVON P
120 SOUTH ANOKA AVENUE
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

CREWS, CATHY J
1093 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890 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: CATHY CREWS

07/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: CREWS, RICHARD
Address: P.O. BOX 1052
City-St-Zip: WAUCHULA, FL 33873

Title: S () Delete
Name: CREWS, CATHY
Address: P.O. BOX 1052
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: CREWS, RICHARD
Address: P.O. BOX 1052
City-St-Zip: WAUCHULA, FL 33873 US

Title: S (X) Change () Addition
Name: CREWS, CATHY
Address: P.O. BOX 1052
City-St-Zip: WAUCHULA, FL 33873 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CATHY CREWS

S

07/15/2009

Electronic Signature of Signing Officer or Director

Date