

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000039140

1. Entity Name  
CREWS SEPTIC SERVICE, INC.



Principal Place of Business  
7603 MCDANIEL DR.  
N. FT. MYERS, FL 33917

Mailing Address  
7603 MCDANIEL DR.  
N. FT. MYERS, FL 33917



01042005

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0490663  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75

**6. Name and Address of Current Registered Agent**

CREWS, DELLA  
7603 MCDANIEL DR.  
N. FT. MYERS, FL 33917

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CREWS, DELLA
STREET ADDRESS	7603 MCDANIEL DR.
CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	ST
NAME	CREWS, GARY
STREET ADDRESS	7603 MCDANIEL DR.
CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	VP
NAME	ELLIS, KEITH A
STREET ADDRESS	7627 MCDANIEL DR.
CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000181071  
01/14/05-80031-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #