## 2007 FOR PROFIT CORPORATION ... ANNUAL REPORT (AR)

## Apr 30, 2007 08:00 Al Secretary of State DOCUMENT # P94000039140 1. Entity Namo CREWS SEPTIC SERVICE, INC. Principal Place of Business Mailing Address 7603 MCDANIEL DR. N. FT. MYERS FL 33917 7603 MCDANIEL DR. N. FT. MYERS FL 33917 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0490663 Not Applicable Zip Country 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 CREWS, DELLA Street Address (P.O. Box Number is Not Acceptable) 7603 MCDANIEL DR. N. FT. MYERS FL 33917 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 registere# agent. rows Signature, typed or printed name of registered agent and title r applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE ☐ Delete TITLE ☐ Change ☐ Addition CREWS, DELLA NAME NAME 7603 MCDANIEL DR. STREET ADDRESS STRLET ADDRESS U000000742470 N. FT. MYERS FL 33917 CITY-ST-7IP CITY-SI-ZIP 05/15/07-80068-023 150.00 ST IITLE ☐ Change ☐ Addition Delete CREWS, GARY NAME 7603 MCDANIEL DR. STREET ADDRESS STREET ADDRESS N. FT. MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP VΡ HILE ☐ Delete ☐ Change ■ Addition ELLIS, KEITH A 7627 MCDANIEL DR. STREET ADDRESS STREET ADDRESS N. FT. MYERS FL 33917 CITY-ST-7IP City-St-Zip THE ☐ Defete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete HTLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each; 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:

Della Crows 4-27-07 339-731-5868