

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90011 016 ***150.00

DOCUMENT # P95000002418

1. Entity Name
CREWS HOLDING, INC.



Principal Place of Business
**242 ALCANTARRA STREET NW
PALM BAY, FL 32907 US**

Mailing Address
**242 ALCANTARRA STREET NW
PALM BAY, FL 32907 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3286019

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALLACE, JAMES H
242 ALCANTARRA RD
PALM BAY, FL 32907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CREWS, MICHAEL B SR**
STREET ADDRESS **3159 MINTON ROAD**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **CREWS, REBECCA B**
STREET ADDRESS **3159 MINTON ROAD**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CREWA, JOSEPH C**
STREET ADDRESS **385 PEPPER ST.**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **474 CLUB TRIAL #4**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **V** ☐ Delete
NAME **CREWS, MICHAEL B**
STREET ADDRESS **1191 FAIRWAY CT NE TR.**
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE ☒ Change ☐ Addition
NAME **CREWS, MICHAEL B JR.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2006