


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90048 021 \*\*\*158.75

<b>DOCUMENT # P95000034935</b> 1. Entity Name <b>CREWS "N" II, INC.</b>					
Principal Place of Business <b>223 U.S. HIGHWAY 17 SOUTH YULEE, FL 32097 US</b>			Mailing Address <b>223 U.S. HIGHWAY 17 SOUTH YULEE, FL 32097 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3243 River Rd</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Green Cove Springs, FL</b>		4. FEI Number <b>59-3314117</b>	
Zip <b>32043</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CREWS, JAMES W II 3243 RIVER ROAD GREEN COVE SPRINGS, FL 32043</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CREWS, JAMES W II 223 U.S HIGHWAY 17 SOUTH YULEE, FL 32097</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>James W II Crews</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>3/27/06 904-284-0430</b> Date Daytime Phone #		