

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90042 025 \*\*\*150.00

<b>DOCUMENT # P97000075287</b>					
<b>1. Entity Name</b> ANTONIO GARCIA-CREWS, P.A.					
<b>Principal Place of Business</b> 405 DOUGLAS AVENUE SUITE 1405 ALTAMONTE SPRINGS, FL 32714 US			<b>Mailing Address</b> 405 DOUGLAS AVENUE SUITE 1405 ALTAMONTE SPRINGS, FL 32714 US		
<b>2. Principal Place of Business</b> 421 MONTGOMERY RD Suite, Apt. #, etc. 101		<b>3. Mailing Address</b> 421 MONTGOMERY RD. Suite, Apt. #, etc. 101			
<b>City &amp; State</b> ALTAMONTE SPRINGS, FL		<b>City &amp; State</b> ALTAMONTE SPRINGS, FL		<b>4. FEI Number</b> 59-3471897	
<b>Zip</b> 32714		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GARCIA-CREWS, ANTONIO 405 DOUGLAS AVENUE SUITE 1405 ALTAMONTE SPRINGS, FL 32714			<b>7. Name and Address of New Registered Agent</b> Name <u>GARCIA-CREWS, ANTONIO</u> Street Address (P.O. Box Number is Not Acceptable) <u>421 MONTGOMERY RD.</u> <u>SUITE 101</u> City <u>ALTAMONTE SPRINGS FL</u> Zip Code <u>32714</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> DATE <u>4/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <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	D GARCIA-CREWS, ANTONIO 405 DOUGLAS AVENUE SUITE 1405 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P+D GARCIA-CREWS, ANTONIO 421 MONTGOMERY RD., SUITE 101 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/19/04</u> Daytime Phone <u>(407) 862-0199</u>		