

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000075287

1. Entity Name  
ANTONIO GARCIA-CREWS, P.A.



**FILED  
Apr 25, 2006 08:00 AM  
Secretary of State**

Principal Place of Business  
421 MONTGOMERY RD.  
101  
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address  
421 MONTGOMERY RD.  
101  
ALTAMONTE SPRINGS, FL 32714 US



**DO NOT WRITE IN THIS SPACE**

04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3471897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

GARCIA-CREWS, ANTONIO  
421 MONTGOMER RD.  
STE. 101  
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE  
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

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

000000532223  
05/06/06-80075-022 150.00

**10.**

**OFFICERS AND DIRECTORS**

TITLE	D
NAME	GARCIA-CREWS, ANTONIO
STREET ADDRESS	421 MONTGOMERY RD., STE. 101
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE  
IN THIS SPACE**

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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.

SIGNATURE:

*A. Garcia Crews, P.A.* 4/18/06 407-862-619  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #