2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000041110

1. Entity Name
CRW INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1201 S. MCCALL RD. ENGLEWOOD, FL 34223	10331 EUSTON AVE ENGLEWOOD, FL 34224

DO NOT WRITE IN THIS SPACE

01232006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0917579	Not Applicable

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

6. Name and Address of Current Registered Agent

WARNER, C. RICHARD
10331 EUSTON AVE
ENGLEWOOD, FL 34224

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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

10.   **OFFICERS AND DIRECTORS**

TITLE	CEO
NAME	WARNER, C. RICHARD
STREET ADDRESS	10331 EUSTON AVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224

TITLE	CFO
NAME	WARNER, CHRISTINE S
STREET ADDRESS	10331 EUSTON AVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/03/06-00013-008 150.00

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12. I hereby certify that the information supplied with this filing does not quality 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: _Christie S. Warner_ CHRISTINE S. WARNER 2/1/06 941-473-72
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   CEO   Date   Daytime Phone #