


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # S83199</b><br>1. Entity Name<br>CREW CUT INCORPORATED |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>P O BOX 12246<br>ST PETERSBURG, FL 33733 | Mailing Address<br>P O BOX 12246<br>ST PETERSBURG, FL 33733 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3089539                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

TESTON, JOE M  
10706 LAKE CARROLL WAY  
TAMPA, FL 33618

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIMONE, ROBERT J.<br>1310 13TH STREET NORTH<br>SAINT PETERSBURG, FL 33705 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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04/25/05-80176-020 150.00

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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 807, 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:** *Robert J. Simone* **ROBERT J. SIMONE** 4/20/05 813 361 5299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #