


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S00515
 1. Entity Name
 A & B CREWS & SONS, INC.



Principal Place of Business
 13365 LITTLE JOE PL
 BRYCEVILLE, FL 32009

Mailing Address
 13365 LITTLE JOE PL
 BRYCEVILLE, FL 32009



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3029579 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CREWS, ALLEN R.
 13365 LITTLE JOE PL
 BRYCEVILLE, FL 32009

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 _____ (NOTE Registered Agent signature required when refiled) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP | DP CREWS, ALLEN R 13365 LITTLE JOE PL BRYCEVILLE, FL 32009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CREWS, BEATRICE 13365 LITTLE JOE PLACE BRYCEVILLE, FL 32009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CREWS, DWAYNE A 8882 PONDEROSA PLACE BYRCEVILLE, FL 32009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000519076
 05/02/06-80038-022 150.00

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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: Allen Crews Allen Crews 4-14-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #