


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01152007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3029579**      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**

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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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/28/07-80078-003, 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 R. Crews      Date: 2-16-07      Day/Time Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #