

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00515

FILED  
Jul 14, 2009  
Secretary of State

Entity Name: A & B CREWS & SONS, INC.

**Current Principal Place of Business:**

13365 LITTLE JOE PL  
BRYCEVILLE, FL 32009

**New Principal Place of Business:**

**Current Mailing Address:**

13365 LITTLE JOE PL  
BRYCEVILLE, FL 32009

**New Mailing Address:**

FEI Number: 59-3029579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CREWS, ALLEN R  
Address: 13365 LITTLE JOE PL  
City-St-Zip: BRYCEVILLE, FL 32009

Title: S ( ) Delete  
Name: CREWS, BEATRICE  
Address: 13365 LITTLE JOE PLACE  
City-St-Zip: BRYCEVILLE, FL 32009

Title: VP ( ) Delete  
Name: CREWS, DWAYNE A  
Address: 8882 PONDEROSA PLACE  
City-St-Zip: BRYCEVILLE, FL 32009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN R CREWS

DP

07/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date