## **2007 FOR PROFIT CORPORATION**

## **FILED** Ian 17. 2007 08:00 AM te

ANNUAL REPORT			Secretary of Sta			
DOCUMENT # 425741  1. Entity Name CROWN AND COMPANY CUSTOM HOME BUILDERS, INC.				3	ecretar	y or Sta
Principal Place of Business 110 SPRINGSIDE CT. LONGWOOD, FL 32779 US	Mailing Address 110 SPRINGSIDE CT. LONGWOOD, FL 32779 US	;		£   111  1  1  1  1  1  1  1  1  1  1  1		
DO NOT WRITE I	N THIS SPA	CE	01052007 4. FEI Numb 59-147		CR2E034 (1	
6. Name and Address of Current Registered Agent TAYLOR, DAREL G. 110 SPRINGSIDE CT. LONGWOOD, FL 32779				NOT W		
8. The above named entity submits this statement for the the obligations of registered agent.  SiGNATURE  Signature, typed or printed name of registered agent and to the printed name of registered agent and the printed name of registered agent and the printed name of registered agent and the printed name of registered name of re		aid Agent signature required			orida. Tam familia 0557732 -80045-01	
10. OFFICERS AND DIR	E07000	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS TAYLOR, SUZANNE K 110 SPRINGSIDE CT. LONGWOOD, FL 32779  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TAYLOR, SUZANNE K 110 SPRINGSIDE CT. LONGWOOD, FL 32779  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TAYLOR, SUZANNE K 110 SPRINGSIDE CT. LONGWOOD, FL 32779  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE				NOT W		
NAME STREET ADDRESS						

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: \_

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08

1138

Daytime Phone #