

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90032 015 ***150.00

DOCUMENT # F06000000399

1. Entity Name

CROWN APPRAISAL GROUP, INC.



Principal Place of Business

355 E. CAMPUS VIEW BLVD.
STE. 150
COLUMBUS OH 43235

Mailing Address

355 E. CAMPUS VIEW BLVD.
STE 150
COLUMBUS OH 43235

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **31-1376100**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOYE, ANDREW J
5560 BURLWOOD DR
ORLANDO FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	MOYE, ANDREW J	
STREET ADDRESS	6544 PLESENTON DR	
CITY-ST-ZIP	WORTHINGTON OH 43085	
TITLE	VP Treasurer	<input type="checkbox"/> Delete
NAME	MOYE, MARILU	
STREET ADDRESS	6544 PLESENTON DR	
CITY-ST-ZIP	WORTHINGTON OH 43085	
TITLE	SD V.P.	<input type="checkbox"/> Delete
NAME	MILLER, DONALD E II	
STREET ADDRESS	6682 BEREND ST	
CITY-ST-ZIP	WORTHINGTON OH 43085	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Bruce E. Neil	
STREET ADDRESS	8638 Glenwood Dr.	
CITY-ST-ZIP	Lewis Center, OH 43035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce E. Neil	
STREET ADDRESS	8638 Glenwood Dr.	
CITY-ST-ZIP	Lewis Center, OH 43035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marilu P. Moye Marilu P. Moye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08

614-431-3332

Date

Daytime Phone #