
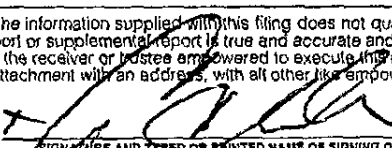


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # G33648		
1. Entity Name ROYAL CROWN HOMES, INC.		
Principal Place of Business 10210 CHIP LANE NEW PORT RICHEY, FL 34653		Mailing Address 10210 CHIP LANE NEW PORT RICHEY, FL 34653
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COLLINS, CAROLYN 10210 CHIP LANE NEW PORT RICHEY, FL 34653		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	VP/SD	
NAME	COLLINS, MARY K	
STREET ADDRESS	12906 BOX DR.	
CITY-ST-ZIP	HUDSON, FL	
TITLE	PD	
NAME	COLLINS, CAROLYN L	
STREET ADDRESS	10210 CHIP LN	
CITY-ST-ZIP	NEW PT RICHEY, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 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:  CAROLYN COLLINS		3/21/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>