## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000046630

**Entity Name: 3 CROWS CORPORATION** 

FILED Jul 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13501 SOUTH SHORE BLVD., SUITE 103 13037 S. HIGHWAY 475 WELLINGTON, FL 33414 OCALA, FL 34480

Current Mailing Address: New Mailing Address:

13501 SOUTH SHORE BLVD., SUITE 103 P. O. BOX 2854 WELLINGTON, FL 33414 P. O. BOX 2854 ORLANDO, FL 32802

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GALLE, CRAIG T ESQ.

13501 SOUTH SHORE BLVD., SUITE 103

WELLINGTON, FL 33414 US

HARBERT, THOMAS R

225 E. ROBINSON STREET

SUITE 600

ORLANDO, FL 32801 US

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: THOMAS R. HARBERT 07/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: FRAZIER, C Name: FRAZIER, C

 Address:
 13501 SOUTH SHORE BLVD., SUITE 103
 Address:
 13037 S. HIGHWAY 475

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 OCALA, FL 34480

Title: VP,T () Delete Title: VP,T (X) Change () Addition

Name: FRAZIER, K Name: FRAZIER, K

 Address:
 13501 SOUTH SHORE BLVD., SUITE 103
 Address:
 13037 S. HIGHWAY 475

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 OCALA, FL 34480

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BEAL, F
 Name:

 Address:
 107 WINDEL DRIVE, SUITE 107
 Address:

 City-St-Zip:
 RALIEGH, NC 27607
 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: MELISSA J. CUPPS ATTY 07/16/2009