

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065011

FILED
Apr 19, 2009
Secretary of State

Entity Name: CREATIVE CROWN MOULDING PLUS, INC.

Current Principal Place of Business:

4 OAKWOOD CT
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

4 OAKWOOD CT
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 20-4878418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRES, PAUL
4 OAKWOOD CT
BOYNTON BEACH, FL 33426 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORRES, PAUL
Address: 4 OAKWOOD CT
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DVP () Delete
Name: COZZI, JOHN
Address: 216 ELM WAY
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAUL MORRES

PRES

04/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date