

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081241

FILED
May 07, 2009
Secretary of State

Entity Name: FAMILY CREST HOMES CORP.

Current Principal Place of Business:

8824 SKYMASTER DR.
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

8348 LITTLE RD
UNIT 501
NEW PORT RICHEY, FL 34654

Current Mailing Address:

4095 LAWSON'S RIDGE DR
UNIT 101
MADISON, AL 35757

New Mailing Address:

FEI Number: 20-5036345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAWYER, GREGG E P
8824 SKYMASTER DR
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

SAWYER, GREGG E P
8348 LITTLE RD
UNIT 501
NEW PORT RICHEY, FL 34654 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: GREGG E. SAWYER

05/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SAWYER, GREGG E
Address: 8824 SKYMASTER DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: V () Delete
Name: STREVELER, LYLE T
Address: 4095 LAWSON'S RIDGE DR
City-St-Zip: MADISON, AL 35757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SAWYER, GREGG E
Address: 8348 LITTLE RD UNIT 501
City-St-Zip: NEW PORT RICHEY, FL 34654

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: LYLE T. STREVELER

VP

05/07/2009

Electronic Signature of Signing Officer or Director

Date