

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155860

Entity Name: CROWN HOME CARE INC.

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

1130 E DONEGAN AVE - STE 8
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1130 E DONEGAN AVE - STE 8
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 71-1019550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MINNETTE
4801 KINGSTON CR
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

WILLIAMS, MINNETTE
2114 DRIVE WAY
KISSIMMEE, FL 34746 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:

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, MINNETTE
Address: 4801 KINGSTON CR
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: GORDON-WILLIAMS, VIVIENNE
Address: 618 LLAMA DR
City-St-Zip: KISSIMMEE, FL 34759

Title: S () Delete
Name: LICONG, JULIUS
Address: 3405 PERCHING RD
City-St-Zip: ST CLOUD, FL 34772

Title: T () Delete
Name: DELEON, CAMILE C
Address: 2803 SPIVEY LN
City-St-Zip: ORLANDO, FL 32837

Title: O () Delete
Name: PERRY, SUSAN
Address: 12065 NW 49TH DR
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, MINNETTE
Address: 2114 DRIVE WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: VP (X) Change () Addition
Name: GORDON-WILLIAMS, VIVIENNE
Address: 618 LLAMA DR
City-St-Zip: POINCIANA, FL 34759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MINNETTE WILLIAMS

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date