

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155860

Entity Name: CROWN HOME CARE INC.

FILED
Apr 13, 2012
Secretary of State

Current Principal Place of Business:

1130 E DONEGAN AVE - STE 8
KISSIMMEE, FL 34744

New Principal Place of Business:

1130 E DONEGAN AVE - STE 8
8
KISSIMMEE, FL 34744

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
2114 DRIVE WAY
KISSIMMEE, FL 34746 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

OFFICERS AND DIRECTORS:

Title: P
Name: WILLIAMS, MINNETTE
Address: 2114 DRIVE WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: VP
Name: WILLIAMS, EWART
Address: 2114 DRIVE WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: S
Name: WILLIAMS, LATANIA
Address: 3418 FERNWOOD DR
City-St-Zip: KISSIMMEE, FL 34741

Title: T
Name: WILLIAMS, CYNTHIA
Address: 3418 FERNWOOD DR
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: MINNETTE WILLIAMS

PRES

04/13/2012

Electronic Signature of Signing Officer or Director

Date