

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000029203**  
 1. Entity Name  
 CRW IX, INC.



Principal Place of Business      Mailing Address  
 2706 REW CIR      PO BOX 27  
 SUITE 100      OCOEE, FL 34761 US  
 OCOEE, FL 34761 US



03022004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3190876      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WESIGHAN, FRANK C  
 200 E ROBINSON ST  
 STE 1020  
 ORLANDO, FL

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

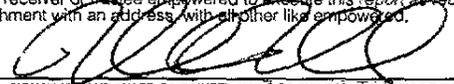
9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

U00000152601  
 05/04/04-80091-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WESIGHAN, FRANK C
STREET ADDRESS	557 WEKIVA LANDING DR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	RABOUD, RONALD J
STREET ADDRESS	1139 OAKPOINT CIR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	A
NAME	COX, LAWRENCE E
STREET ADDRESS	1099 PARK AVE N
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:       4/29/04 (40)      654-5425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #