

**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

2706 REW CIR
SUITE 100
OCFEE, FL 34761 US

Mailing Address

PO BOX 27
OCFEE, FL 34761 US



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3190876

Applied For
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000152601
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 (407) 654-5425