

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029203

FILED
Apr 22, 2009
Secretary of State

Entity Name: CRW IX, INC.

Current Principal Place of Business:

1041 CROWN PARK CIRCLE
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

1041 CROWN PARK CIRCLE
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 59-3190876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESIGHAN, FRANK C
200 E ROBINSON ST
STE 1020
ORLANDO, FL 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WESIGHAN, FRANK C
Address: 557 WEKIVA LANDING DR
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: RABOUD, RONALD J
Address: 4405 W KELLY PARK ROAD
City-St-Zip: APOPKA, FL 32712

Title: A () Delete
Name: COX, LAWRENCE E
Address: 1099 PARK AVE N
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DON PALMIERE, BOOKKEEPER

ACCT

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date