
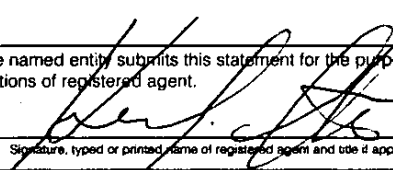


2007 FOR PROFIT CORPORATION ANNUAL REPORT

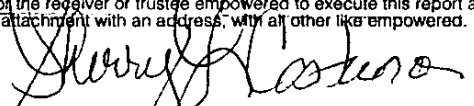
FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90141 044 ***150.00

DOCUMENT # P93000079155					
1. Entity Name CROWN CUSTOM HOMES, INC.					
Principal Place of Business 3590 TAMiami TRAIL N #100 NAPLES, FL 34103			Mailing Address 2430 VANDERBILT BEACH ROAD #108-269 NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0450710	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTANO, H. JAVIER 8235 WILSHIRE LAKES BLVD NAPLES, FL 34109			Name H. Javier Castaño		
			Street Address (P.O. Box Number is Not Acceptable) 646 111th Ave. N.		
			City Naples FL Zip Code 34108		
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 			H. Javier Castaño		
<small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANO, H. JAVIER 8235 WILSHIRE LAKES BLVD NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P H. Javier Castaño 646 111th Ave. N. Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTANO, SHERRY L 8235 WILSHIRE LAKES BLVD NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sherry L. Castaño 646 111th Ave. N. Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

 VP. 4/3/07