

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90053 007 ***150.00

DOCUMENT # P95000063324

1. Entity Name

CROWN'S WAY SOUTH, INC.



Principal Place of Business

9400 NW 160TH STREET
FAIRFIELD FL 32634

Mailing Address

289 LORRAINE CIR
BLOOMINGDALE IL 60108
US

24022394



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

550 WOODHILL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAROL STREAM, IL

4. FEI Number

59-3339013

Applied For

Not Applicable

Zip

Country

Zip

60188

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIECHENS, EUGENE A
445 NORTHEAST EIGHTH AVENUE
OCALA FL 34470

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DICICILIA, RONALD A
STREET ADDRESS 289 LORRAINE CIRCLE
CITY-ST-ZIP BLOOMINGDALE IL 60108

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 550 WOODHILL DR
CITY-ST-ZIP CAROL STREAM, IL 60188

TITLE S ☐ Delete
NAME DICICILIA, JUDITH
STREET ADDRESS 289 LORRAINE CIRCLE
CITY-ST-ZIP BLOOMINGDALE IL 60108

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 550 WOODHILL DR
CITY-ST-ZIP CAROL STREAM, IL 60188

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Judith Dicicilia JUDITH DICICILIA

3/10/04

Date

630-871-0654

Daytime Phone #