

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 466855

1. Entity Name
CROWN LAND AND DEVELOPMENT CORPORATION



Principal Place of Business
10400 GRIFFIN ROAD, SUITE 210
COOPER CITY, FL 33328

Mailing Address
10400 GRIFFIN ROAD, SUITE 210
COOPER CITY, FL 33328

FILED

04 MAR 16 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1563534

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMSON, ROBERT T
10400 GRIFFIN ROAD #210
COOPER CITY, FL 33328

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMSON, ROBERT T
STREET ADDRESS	10400 GRIFFIN ROAD #210
CITY-ST-ZIP	COOPER CITY, FLA 33328,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500030932475
03/23/04--01070--015 **150.00

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #