2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #466855

1. Entity Name

CROWN LAND AND DEVELOPMENT CORPORATION



Mailing Address

10400 GRIFFIN ROAD, SUITE 210 COOPER CITY, FL 33328

Principal Place of Business

10400 GRIFFIN ROAD, SUITE 210 COOPER CITY, FL 33328

FILED Apr 07, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03172006 No Chg-P CR2E034 (11/05)

4. FEt Number | Applied For

59-1563534

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

				61%	IIIIO OFACL
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered egent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of replatered agent and tille	l'applicable. (NOTE, Registered	Agent signature	required when reins(s(ing)	DATE
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🛚	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, ROBERT T 10400 GRIFFIN ROAD #210 COOPER CITY, FL 33328			U00000498576	
TITLE NAME STREET ADDRESS GITY-SI-ZIP					04/22/06-80019-006 150.00
TITLE NAME STREET ADORESS GITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE WAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this emport 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 am goddress, with all other like ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAVE UP SIGNING OFFICER OR DESCRIPTION

3/30/66 954.434-7925