


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 257324

1. Entity Name
CROWN MANAGEMENT SERVICES, INC.



Principal Place of Business Mailing Address

1501 N GUILLEMARD ST 1501 N GUILLEMARD ST
 PENSACOLA, FL 32501 US PENSACOLA, FL 32501 US

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-0967475 Not Applicable

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

6. Name and Address of Current Registered Agent

BELLEAU, GEORGE
 1501 NORTH GUILLEMARD ST
 PENSACOLA, FL 32501

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

UD0000088896
 03/15/04-80075-004 750.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLEAU, GEORGE A 204 LAURA LANE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELLEAU, ANN F 204 LAURA LANE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAFERKAMP, DONALD L 2120 E. MALLORY ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAFERKAMP, KELLI B 2120 E MALLORY STE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRAUSE, BRENDA F 6100 HAPPY HOLLOW DRIVE MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMYTHE, W. KELLY 9335 WOODRUN RD PENSACOLA, FL 32514

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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: W. K. Smythe, V.P. 2/24/04 (850) 469-9909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #