


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 257324	
1. Entity Name CROWN MANAGEMENT SERVICES, INC.	

Principal Place of Business 1501 N GUILLEMARD ST PENSACOLA, FL 32501 US	Mailing Address 1501 N GUILLEMARD ST PENSACOLA, FL 32501 US
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0967475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFERKAMP, DONALD L
1501 NORTH GUILLEMARD ST
PENSACOLA, FL 32501

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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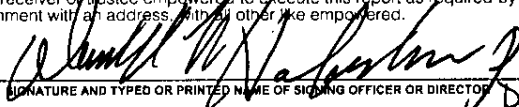
10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BELLEAU, ANN F
STREET ADDRESS	1501 N. GUILLEMARD ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	V
NAME	HAFERKAMP, DONALD L
STREET ADDRESS	1501 N. GUILLEMARD ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	S
NAME	HAFERKAMP, KELLI B
STREET ADDRESS	1501 N. GUILLEMARD STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	T
NAME	KRAUSE, BRENDA F
STREET ADDRESS	1501 N. GUILLEMARD ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	V
NAME	SMYTHE, W. KELLY
STREET ADDRESS	1501 N GUILLEMARD ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/08-800009-024 150.00

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IN THIS SPACE**

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, without other like empowered.

SIGNATURE:  04/08/08 (850) 469-9909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Donald L. Haferkamp Date: Daytime Phone #