2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2005 8:00 am **Secretary of State DOCUMENT #277846** 01-25-2005 90049 025 ***150.00 CROWN PRODUCTS COMPANY, INC. Principal Place of Business Mailing Address 6390 PHILLIPS HIGHWAY 6390 PHILLIPS HIGHWAY 50005976 IACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 CR2E034 (10/03) Cha-P City & State City & State 4. FE! Number Applied For 59-1038302 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **TUGGLE PETER S** 6390 PHILLIPS HWY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32216 City 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: Begistered Agent signsture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CD ☐ Delete TITLE Change ☐ Addition TITLE TUGGLE JR.WILLIAM P NAME NAME STREET ADDRESS 2345 S. PONTE VEDRA BLVD. STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL CITY-ST-ZIP TD ☐ Delete Addition TITLE TITLE ☐ Change NAME TUGGLE, JEAN S 2345 S PONTE VEDRA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL CITY-ST-ZIP PD Change ■ Addition TITLE ☐ Delete TITLE TUGGLE, PETER S. NAME 1638 TAYO LANE STREET ADDRESS STREET ADDRESS 9742 Preston Trail, West JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-ZIF Ponte Vedra Beach, FL 32082 ☐ Change ☐ ☐ 'Addition' Delete TITLE HARDY, LINDA TUGGLE NAME STREET ADDRESS 1620 S. 6TH ST. STREET ADDRESS JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TOLE ☐ Channe ☐ Addition TΠLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Jean S. Tuggle

SKINNING OFFICER OR DIRECTOR

RE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED

Jan 20, 2005 (904) 737 7144

Daytime Phone #

Date