


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 277846 1. Entity Name CROWN PRODUCTS COMPANY, INC.			
Principal Place of Business 6390 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216		Mailing Address 6390 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-1038302	
		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 TUGGLE PETER S 6390 PHILLIPS HWY JACKSONVILLE, FL 32216		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UN00000426174 02/20/06-80031-018 150.00	
TITLE	CD		
NAME	TUGGLE JR, WILLIAM P		
STREET ADDRESS	2345 S. PONTE VEDRA BLVD.		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL		
TITLE	TD		
NAME	TUGGLE, JEAN S		
STREET ADDRESS	2345 S PONTE VEDRA BLVD.		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL		
TITLE	PD		
NAME	TUGGLE, PETER S.		
STREET ADDRESS	9742 PRESTON TRAIL, WEST		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	SD		
NAME	HARDY, LINDA TUGGLE		
STREET ADDRESS	1620 S. 6TH ST.		
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250		
TITLE			
NAME			
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 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: <u><i>Jean S. Tuggle</i></u> Jean S. Tuggle, Treasr - 3-06 <u><i>(904) 737-7144</i></u>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			