2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 25, 2008 8:00 am **DOCUMENT #277846 Secretary of State** 1. Entity Name 02-25-2008 90035 045 ***150.00 CROWN PRODUCTS COMPANY, INC. Principal Place of Business Mailing Address 6390 PHILLIPS HIGHWAY 6390 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1038302 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **TUGGLE PETER S** Street Address (6390 PHILLIPS HWY We made this JACKSONVILLE; FL 32216 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registe n familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require 9. Election Campaign Financing \$5 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Add 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CD ☐ Delete TITLE NAME TUGGLE JR, WILLIAM P -NAME TUGGLE III TRUST, WILLIAM P. STREET ADDRESS 2345 S. PONTE VEDRA BLVD. STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL CITY-ST-ZIP TITLE TD Delete TITLE Change ☐ Addition **TUGGLE, JEAN S** NAME NAME STREET ADDRESS 2345 S PONTE VEDRA BLVD. STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME TUGGLE, PETER S. NAME STREET ADDRESS 9742 PRESTON TRAIL, WEST STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP ☐ Defete ☐ Change Addition HARDY, LINDA TUGGLE NAME NAME STREET ADDRESS 1620 S. 6TH ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP MUE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP

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: HASTuyl

Peter S. Tuggle

02/22/08

(904) 737-7144

FILED

Daytime Phone #