

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 303135**

1. Entity Name  
**CROWN LIFE ASSOCIATES, INC.**



Principal Place of Business  
**CROWN, MELODY-DAVIS**  
**10155 COLLINS AVE #1702**  
**BAL HARBOUR, FL 33154**

Mailing Address  
**CROWN, MELODY-DAVIS**  
**10155 COLLINS AVE #1702**  
**BAL HARBOUR, FL 33154**



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1114031** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CROWN, SIDNEY**  
**10155 COLLINS AVE #1702**  
**BAL HARBOUR, FL 33154**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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**

00000070041  
 03/01/04-80031-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CROWN, SIDNEY
STREET ADDRESS	10155 COLLINS AVE 1702
CITY-ST-ZIP	BAL HARBOUR, FL
TITLE	VD
NAME	DAVIS, MELODY CROWN
STREET ADDRESS	4281 CASPER COURT
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	ST
NAME	CROWN, MARTHA
STREET ADDRESS	10155 COLLINS AVE 1702
CITY-ST-ZIP	BAL HARBOUR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2/28/04

9549612018  
 Daytime Phone #