

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002506

1. Entity Name
CROWN SPECIALTIES, INCORPORATED



Principal Place of Business
**COASTLAND CENTER
US 41 & GOLDEN GATE PARKWAY
NAPLES, FL 34102**

Mailing Address
**117 MAIN ST W PO BOX 73
RICHMOND, MN 56368**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2013892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ERICKSON, WILLIAM D
5612 LANCELOT LANE
CAPE CORAL, FL 33914**

**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**

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	HALVERSON, JAMES P
STREET ADDRESS	117 MAIN ST W. PO BOX 73
CITY - ST - ZIP	RICHARD, MN 56368
TITLE	VCVP
NAME	DANNER, STEPHEN L
STREET ADDRESS	117 MAIN ST W. PO BOX 73
CITY - ST - ZIP	RICHARD, MN 56368
TITLE	S
NAME	DANNER, STEPHEN L
STREET ADDRESS	117 MAIN ST W. PO BOX 73
CITY - ST - ZIP	RICHARD, MN 56368
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/09/04-80014-024 150.00

**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)(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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES P. HALVERSON - PRESIDENT 1-23-04 320-597-4306