


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000004623**

1. Entity Name  
**CROWN LEASING, INC.**



Principal Place of Business <b>C/O CROWN LEASING, INC.          100 EAST 14TH STREET          ELMIRA HEIGHTS, NY 14903</b>	Mailing Address <b>C/O CROWN LEASING, INC.          100 EAST 14TH STREET          ELMIRA HEIGHTS, NY 14903</b>
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**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-P CR2E034 (10/03)

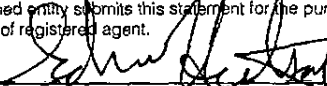
4. FEI Number 16-1249622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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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:  DATE: 02/17/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restateing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUTSAL, EDWIN P 961 UPLAND DRIVE ELMIRA, NY 14905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMS, EDWARD D. 323 DRIVE C ELMIRA, NY 14905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KRUEGER, JOSEPH B. 1719 PINNACLE ROAD ELMIRA, NY 14905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/26/05-80020-008 150.00

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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:  Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR