


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000004623

1. Entity Name
 CROWN LEASING, INC.



Principal Place of Business
 C/O CROWN LEASING, INC.
 100 EAST 14TH STREET
 ELMIRA HEIGHTS, NY 14903

Mailing Address
 C/O CROWN LEASING, INC.
 100 EAST 14TH STREET
 ELMIRA HEIGHTS, NY 14903



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 16-1249622

Applied For
 Not Applicable

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

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/01/06-80011-003 550.00

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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:  07/25/06 (609) 734-6237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #