

**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**

**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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000573028  
08/01/06-80011-003 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/06

Date

(609) 734-6237

Daytime Phone #