


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90040 046 ***150.00

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**

20007705



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02262007 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUTSAL, EDWIN P			NAME	RAYNE, DAVID T.		
STREET ADDRESS	961 UPLAND DRIVE			STREET ADDRESS	ONE THORNAPPLE DRIVE		
CITY-ST-ZIP	ELMIRA, NY 14905			CITY-ST-ZIP	ELMIRA, NY 14903		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, EDWARD D.			NAME			
STREET ADDRESS	323 DRIVE C			STREET ADDRESS			
CITY-ST-ZIP	ELMIRA, NY 14905			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRUEGER, JOSEPH B.			NAME			
STREET ADDRESS	1719 PINNACLE ROAD			STREET ADDRESS			
CITY-ST-ZIP	ELMIRA, NY 14905			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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**

Date: **03-13-07** Daytime Phone #: **607-734-3414**