


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J36052</b> 1. Entity Name <b>CROWN NATIONAL SERVICES, INC.</b>	
--	---

Principal Place of Business

% GEORGE A. BELLEAU  
1501 NORTH GUILLEMARD ST.  
PENSACOLA, FL 32501

Mailing Address

% GEORGE A. BELLEAU  
1501 NORTH GUILLEMARD ST.  
PENSACOLA, FL 32501



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0967475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

BELLEAU, GEORGE A.  
1501 NORTH GUILLEMARD ST.  
PENSACOLA, FL 32501

**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**

000000089004  
03/15/04-80075-004 750.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLEAU, GEORGE A. 1501 N GUILLEMARD ST PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELLEAU, ANN F 204 LAURA LANE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAFERKAMP, DONALD L 2120 E MALLORY STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMYTHE, WILLIAM K 9335 WOODRUN RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(1), 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:** W. K. Smythe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. K. Smythe, V.P.

2/26/04

Date

(850) 469-9909

Daytime Phone #