


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90020 034 \*\*\*150.00

<b>DOCUMENT # J67433</b> 1. Entity Name <b>CROWN LEASING &amp; MANAGEMENT INC.</b>	
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Principal Place of Business <b>3299 NW 2 AVE 200 BOCA RATON FL 33431 US</b>	Mailing Address <b>PO BOX 811135 BOCA RATON FL 33481 US</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business <b>7999 N. Federal Hwy P.O. Box 811135</b> Suite, Apt. #, etc. <b>#200</b>	3. Mailing Address <b>7999 N. Federal Hwy P.O. Box 811135</b> Suite, Apt. #, etc. <b>#200</b>
City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33487</b>	Country <b>USA</b>
Zip <b>33481</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-2815681</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RUSTINE, DAVID A. 3299 NW 2 AVE #200 BOCA RATON FL 33431</b>	7. Name and Address of New Registered Agent Name <b>Rustine, David A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7999 N. Federal Hwy</b> <b>#200</b> City <b>Boca Raton</b> FL Zip Code <b>33487</b>
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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 David A. Rustine DATE 4/1/04  
(Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
<b>P RUSTINE, DAVID 3299 NW 2 AVE, #200 BOCA RATON FL 33431</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P Rustine, David 7999 N. Federal Hwy #200 Boca Raton, FL 33487</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David A. Rustine DATE 4/1/04 DAYTIME PHONE # 561-992-8000  
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)