

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90095 036 ***150.00
J67433

DOCUMENT # J67433

1. Entity Name
CROWN LEASING & MANAGEMENT INC.



FILED

05 JUL -6 PM 1:11

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
7999 N FEDERAL HWY #202
BOCA RATON, FL 33487 US

Mailing Address
PO BOX 811135
BOCA RATON, FL 33481 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2815681

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSTINE, DAVID A.
7999 N. FEDERAL HWY #202
BOCA RATON, FL 33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RUSTINE, DAVID
STREET ADDRESS 7999 N FEDERAL HWY #202
CITY- ST- ZIP BOCA RATON, FL 33487 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-12-05 561-447-8000