2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# J69017

Entity Name: CROWN PERSONNEL SERVICES, INC.

Current Principal Place of Business:

33920 US HWY 19
STE 250
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

33920 US HWY 19
STE 250
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-2805773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, WENDY E
5124 TAMMY LANE
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOEFFLER, JOAN
Address: 562 WHISPERING LAKES BLVD.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VPS ( ) Delete
Name: WATSON, WENDY E
Address: 5124 TAMMY LANE
City-St-Zip: HOLIDAY, FL 34690

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: ELLIS, TERRY
Address: 2742 BETH CIRCLE
City-St-Zip: PALM HAROR, F 34684

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN LOEFFLER P 03/08/2004

Electronic Signature of Signing Officer or Director Date