## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J82481

Entity Name
 CROWN LINEN SERVICES, INC.

Principal Place of Business

% GEORGE A. BELLEAU 1501 N. GUILLEMARD ST. PENSACOLA, FL 32501 Mailing Address

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

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



CR2E034 (10/03)

Fee Required

(850)469-5909

DO NOT WRITE IN THIS SPACE 01142004

4. FEI Number Applied For 59-0967475 Not Applicable

5. Certificate of Status Desired S8.75 Additional

6. Name and Address of Current Registered Agent

SIGNATURE: WICS TU W. K. Smy tu, v.P.

BELLEAU, GEORGE A. 1501 N. GUILLERMARD ST. PENSACOLA, FL 32501

## DO NOT WRITE IN THIS SPACE

No Chg-P

5. 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, typod 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 Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	U00000088338 03/15/04-80075-004-750-00
10.	OFFICERS AND DIREC	TORS		···	<del></del>
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D 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				· <del>-</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAFERKAMP, DONALD L 2120 E. MALLORY STREET PENSACOLA, FL 32514			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMYTHE, WILLIAM K 9335 WOODRUN RD PENSACOLA, FL 32514			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1.1— <del>12.22</del> 2
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental 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.					