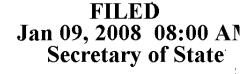
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # J95683 CROWN "K" MANAGEMENT CORP. Principal Place of Business Mailing Address 128 SPYGLASS LANE 128 SPYGLASS LANE







DO NOT WRITE IN THIS SPACE

JUPITER, FL 33477

No Chg-P CR2E034 (11/05) 01062008

Applied For 4. FEI Number 65-0007735 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

KLABEN, ALBERT O., SR. 128 SPYGLASS LANE JUPITER, FL 33477

JUPITER, FL 33477

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					The state of the s
	named entity submits this statement for the plions of registered agent.	urpose of changing its registe	red office or registered a	agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or pointed name of registered agent and title	applicable. (NOTE: Register	red Agent signsture required wher	reinstaling)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		May Be o Fees	
10.	OFFICERS AND DIREC	TORS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A F St. The St
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV KLABEN, ALBERT O., SR 128 SPYGLASS LANE JUPITER, FL 33477 ST KLABEN, ALBERT O., SR 128 SPYGLASS LANE JUPITER, FL 33477			, U <u>0</u> 00	U000000777132 204 150 00
TITLE NAME STREET ADDRESS CITY:ST-ZIP				OLAUJAU	8-80052-804 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KLABEN, ROSALINE 128 SPYGLASS LN JUPITER, FL 33477			DO NOT	WRITE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP