

# ANNUAL REPORT (AR)

DOCUMENT # K72033

1. Entity Name

CROWN JEWELERS & PAWNBROKERS INC.



**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

72 S YONGE ST  
ORMOND BEACH FL 32174  
US

Mailing Address

C/O BERT KABATH  
72 S YOUNGE ST  
ORMOND BEACH FL 32174  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2942286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

HOWES, PAUL  
72 S. YONGE ST.  
ORMOND BCH. FL 32174

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME KABATH, BERT  
STREET ADDRESS 72 S YONGE ST  
CITY- ST- ZIP ORMOND BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000246623  
CITY- ST- ZIP 02/28/05-80073-006 150.00

TITLE D ☐ Delete  
NAME KABATH, KATHRYN EILEEN  
STREET ADDRESS 72 S YONGE ST  
CITY- ST- ZIP ORMOND BEACH FL

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

TITLE D ☐ Delete  
NAME HOWES, PAUL L.  
STREET ADDRESS 72 S. YONGE ST.  
CITY- ST- ZIP ORMOND BCH. FL

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

TITLE D ☐ Delete  
NAME HOWES, SUZAN J.  
STREET ADDRESS 72 S. YONGE ST.  
CITY- ST- ZIP ORMOND BCH. FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

2/25/05

386 672 3185

Date

Daytime Phone #