


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M64990 1. Entity Name CROWN GOVERNMENT SERVICES, INC.	
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Principal Place of Business C/O GEORGE A. BELLEAU 1501 NORTH GUILLEMARD ST. PENSACOLA, FL 32501	Mailing Address C/O GEORGE A. BELLEAU 1501 NORTH GUILLEMARD ST. PENSACOLA, FL 32501
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0967475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLEAU, GEORGE A.
1501 NORTH GUILLEMARD ST.
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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 Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000089000
03/15/04-80075-004 750.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAFERKAMP, DONALD L 2120 E MALLORY STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMYTHE, WILLIAM K 9335 WOODRUN RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W.K. Smythe, W.P. 2/26/04 (850) 469-9909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #