

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007375

FILED
Jan 11, 2005
Secretary of State

Entity Name: CROWN FLOATS INC.

Current Principal Place of Business:

12542 SAINT CHARLOTTE DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

12542 SAINT CHARLOTTE DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-1422464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

NANCY, LOVE
13615 TWINLAKES LANE
TAMPA, FL 33624 US

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: NANCY LOVE

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKER, JEANETTE
Address: 12542 SAINT CHARLOTTE DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: CHALMERS, ROSALIE P
Address: 12542 SAINT CHARLOTTE DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: VALDES, ROSEMARY
Address: 12542 SAINT CHARLOTTE DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BRYAN, MARY
Address: 12542 SAINT CHARLOTTE DR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE BAKER

D

01/11/2005

Electronic Signature of Signing Officer or Director

Date