


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90357 022 \*\*\*150.00

<b>DOCUMENT # P00000104512</b> 1. Entity Name <b>KROWN, INC.</b>					
Principal Place of Business <b>PO BOX 15375</b> <b>WEST PALM BEACH, FL 33416</b>			Mailing Address <b>PO BOX 15375</b> <b>WEST PALM BEACH, FL 33416</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RATHBUN, REX</b> <b>1140 RANCHETTE RD</b> <b>WEST PALM BEACH, FL 33415</b>				Name <b>RATHBUN, KYLE</b> Street Address (P.O. Box Number is Not Acceptable) - - <b>6486 NIKKI way</b> City <b>LAKE WORTH FL FL</b> Zip Code <b>33467</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <b>RATHBUN, REX</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RATHBUN, REX</b>		NAME		
STREET ADDRESS	<b>1140 RANCHETTE RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33415</b>		CITY-ST-ZIP		
TITLE	STD <b>RATHBUN, KYLE</b> <input type="checkbox"/> Delete		TITLE	<b>PD STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RATHBUN, KYLE</b>		NAME	<b>RATHBUN KYLE</b>	
STREET ADDRESS	<b>6486 NIKKI WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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/office address like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					