

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90005 008 ***150.00

DOCUMENT # P02000033192

1. Entity Name

CROWN CAPITAL MANAGEMENT, INC.



Principal Place of Business

3202 W PAUL AVE
TAMPA FL 33611

Mailing Address

3202 W PAUL AVE
TAMPA FL 33611

2. Principal Place of Business

3315 W. PAXTON AVE

Suite, Apt. #, etc.

3. Mailing Address

3315 W. PAXTON AVE

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33611

Country

USA

Zip

33611

Country

USA

4. FEI Number

01-0614318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAIG, TIMOTHY A
3202 W PAUL AVE
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3315 W. PAXTON AVE

City

TAMPA

FL

Zip Code

33611

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, 2004: 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

TITLE D ☐ Delete
NAME CRAIG, TIMOTHY A
STREET ADDRESS 3202 W PAUL AVE
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☐ Delete
NAME SADIGHI, AMIR A
STREET ADDRESS 2918 W WINTHROP RD
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME CRAIG, TIMOTHY A
STREET ADDRESS 3315 W. PAXTON AVE.
CITY-ST-ZIP TAMPA, FL 33611

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

Date

Daytime Phone #

2/16/04