

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90034 019 ***150.00

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1. Entity Name
CROWN CAPITAL MANAGEMENT, INC.



Principal Place of Business
3315 W. PAXTON AVE.
TAMPA, FL 33611

Mailing Address
3315 W. PAXTON AVE.
TAMPA, FL 33611

20004100



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

→ 3315 W. PAXTON AVE
TAMPA FL 33611

**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

Signature, typed or printed name of registered agent and title if applicable

TIMOTHY A. CRAIG

(NOTE: Registered Agent signature required when reinstating)

1/8/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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)(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

TIMOTHY A. CRAIG

Date

1/8/05

Daytime Phone #

8138354700