

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90202 046 \*\*\*150.00

**DOCUMENT # P03000021147**

1. Entity Name

**CROWN HEAD CORPORATION**



Principal Place of Business

**306 E. STRAWBRIDGE AVENUE  
MELBOURNE FL 32901**

Mailing Address

**PO BOX  
MELBOURNE FL 32902**



2. Principal Place of Business

**400 NO. MIRAMAR AVE**

Suite, Apt. #, etc.

**Suite B**

3. Mailing Address

**2117 So. BABCOCK ST**

Suite, Apt. #, etc.

**Suite 274**

1st MOORE

CR2E034 (10/05)

City & State

**INDIALANTIC FL**

City & State

**MELBOURNE FL**

4. FEI Number

**68-0542442**

Applied For

Not Applicable

Zip

**32903**

Country

**USA**

Zip

**32901**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NICHOL, HOLLY D  
2038 PORT MALABAR BLVD.  
PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name **NICHOL, HOLLY D**

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

**322 TANGELO STREET**

City **SEBASTIAN**

**FL**

Zip Code

**32958**

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

*Holly D. Nichol*

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 3 2006*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 **PS** ☐ Delete  
NAME **NICHOL, HOLLY D**  
STREET ADDRESS **306 E. STRAWBRIDGE AVENUE**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VPT** ☐ Delete  
NAME **WILLIAMS III, C.E.**  
STREET ADDRESS **306 E. STRAWBRIDGE AVENUE**  
CITY-ST-ZIP **MELBOURNE FL 32901**

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 **PS** ☒ Change ☐ Addition  
NAME **NICHOL, HOLLY D.**  
STREET ADDRESS **2117 So. BABCOCK ST #274**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VPT** ☒ Change ☐ Addition  
NAME **WILLIAMS III, C.E.**  
STREET ADDRESS **10022 POWDERHOUSE DR**  
CITY-ST-ZIP **SAN ANTONIO TX 78239**

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

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

TITLE ☐ Change ☐ Addition  
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 exemptions contained in Section 119, 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

*Holly D. Nichol*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 3 2006*

Date

*288 8337*

Daytime Phone #