


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90297 015 ***150.00

DOCUMENT # P03000105559

1. Entity Name
CROWN OF GLORY SUPREME ENTERPRISES, INC.



Principal Place of Business
**2340 SOUTEL DRIVE
 JACKSONVILLE FL 32208**

Mailing Address
**2340 SOUTEL DRIVE
 JACKSONVILLE FL 32208**

2. Principal Place of Business
2340 SOUTEL Drive

3. Mailing Address
2340 SOUTEL Drive

Suite, Apt. #, etc.

City & State
JACKSONVILLE, Florida

City & State
JACKSONVILLE, Florida

Zip Country
32208 USA

Zip Country
32208 USA



MOORE CR2E034 (11/03)

4. FEI Number
59-3003110

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, DORTHY A
 2340 SOUTEL DRIVE
 JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

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 PRESIDENT	<input type="checkbox"/> Delete
NAME DOROTHY A. MITCHELL	
STREET ADDRESS 8353 DELAWARE AVE	
CITY-ST-ZIP JACKSONVILLE, FL. 32208	
TITLE Vice President	<input type="checkbox"/> Delete
NAME CHAUNCEY MITCHELL	
STREET ADDRESS 8353 DELAWARE AVE	
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32208	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME CHAUNCEY MITCHELL	
STREET ADDRESS 8353 DELAWARE AVE	
CITY-ST-ZIP JACKSONVILLE, Florida 32208	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Dorothy A. Mitchell **Dorothy A. Mitchell** **4-28-04** **(904) 766-7685**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #