


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000126242**

1. Entity Name  
**CROWN CUSTOM CARPENTRY//MILLWORK, INC.**



Principal Place of Business Mailing Address  
**1712 SHOSHONEE TRAIL CASSELBERRY FL 32707**      **1712 SHOSHONEE TRAIL CASSELBERRY FL 32707**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country




1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**HIXSON, JENNIFER ESQUIRE**  
**BOCA CORPORATE CENTER**  
**2101 CORPORATE BLVD STE 215**  
**BOCA RATON FL 33431**

4. FEI Number **02-9540733**  
 Applied For Not Applicable

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, 2005 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

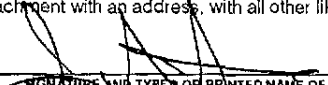
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HIXSON, JOSEPH</b> <b>1712 SHOSHONEE TRAIL</b> <b>CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 01/25/05-80085-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Joseph Hixson** 1/24/05 (407) 834-5653

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