


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90173 035 ***150.00

DOCUMENT # P03000146913		
1. Entity Name CROWN BATH CORP.		

Principal Place of Business 306 72ND ST. NW BRADENTON, FL 34209 US	Mailing Address 306 72ND ST. NW BRADENTON, FL 34209 US
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2. Principal Place of Business - No P.O. Box # 3930 75th St. W. Suite, Apt. #, etc. #1602	3. Mailing Address PO Box 14215 Suite, Apt. #, etc.
City & State Bradenton, FL	City & State Bradenton, FL
Zip 34209	Country USA
Zip 34280	Country USA

60032940



04282008 Chg-P CR2E034 (12/06)

4. FEI Number 90-0137043	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POTOCKI, DON 306 72ND ST. NW BRADENTON, FL 34209	
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7. Name and Address of New Registered Agent Name Potocki, Don Street Address (P.O. Box Number is Not Acceptable) 3930 75th St. W. #1602 City Bradenton FL Zip Code 34209	
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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 D. Potocki DATE 4-28-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTOCKI, DONALD J 306 72ND ST. NW BRADENTON, FL 342092267 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Potocki, Don 3930 75th St. W. #1602 Bradenton, FL 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: D. Potocki DATE 4-28-2008 DAYTIME PHONE # 941-794-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR