## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000146330

ISOLICA, CARLOS R

8254 RIVIERA WAY

PORT ST. LUCIE, FL 34986 US

Name:

Address:

City-St-Zip:

Entity Name: CROWN JEWEL INC

**FILED** Apr 10, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1335-A ST. LUCIE WEST BLVD. PORT ST. LUCIE, FL 34986 **Current Mailing Address: New Mailing Address:** 1335-A ST. LUCIE WEST BLVD. PORT ST. LUCIE, FL 34986 US FEI Number: 56-2490360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ISOLICA, CARLOS J ISOLICA, CARLOS R 8254 RIVIERA DRIVE 8254 RIVIERA DRIVE PORT SAINT LUCIE, FL 34986 PORT SAINT LUCIE, FL 34986 US US 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. SIGNATURE: CARLOS R ISOLICA 04/10/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition ISOLICA, CARLOS R Name: Name: 8254 RIVIERA WAY Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition ISOLICA, WANDA S Name: Name: 8254 RIVIERA WAY Address: Address: PORT ST. LUCIE, FL 34986 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition ISOLICA, WANDA S Name: Name: 8254 RIVIERA WAY Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS R ISOLICA **PRES** 04/10/2008