


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000168030		
1. Entity Name CPR CROWN, INC.		

Principal Place of Business 27439 SKY LAKE CIRCLE WESLEY CHAPEL, FL 33543	Mailing Address 27439 SKY LAKE CIRCLE WESLEY CHAPEL, FL 33543
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

09122005 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For 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 RUSSELL, G.H. JR 9308 QLD PASCO ROAD WESLEY CHAPEL, FL 33544	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bobby Patrick 27439 Sky Lake Circle Wesley Chapel FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500059751105 09/19/05--01062--019 **150.00 <input 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 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 live employees.

SIGNATURE: George H. Russell, Jr. 59-2845727 P. O. BOX 17128 8-01-05 352 5884297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DATE Daytime Phone #

FILED

2005 SEP 16 PM 2:41

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/16/05