

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90068 015 \*\*\*150.00

**DOCUMENT # P93000001000**

1. Entity Name  
**CROWN CAPITAL GROUP, INC.**



Principal Place of Business  
**300 NORTH RONALD REAGAN BOULEVARD  
SUITE 211  
LONGWOOD, FL 32750 US**

Mailing Address  
**300 NORTH RONALD REAGAN BOULEVARD  
SUITE 211  
LONGWOOD, FL 32750 US**

**60010862**



2. Principal Place of Business  
**1200 West SR 434**

3. Mailing Address  
**1200 West SR 434**

Suite, Apt. #, etc.  
**SUITE 218**

Suite, Apt. #, etc.  
**SUITE 218**

City & State  
**LONGWOOD FL**

City & State  
**LONGWOOD FL**

Zip  
**32750**

Country  
**US**

Zip  
**32750**

Country  
**US**

01122006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3158082**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAUCK, DEAN W  
300 N RONALD REAGAN BLVD.  
SUITE 211  
LONGWOOD, FL 32750**

*Change of address only*

**7. Name and Address of New Registered Agent**

Name  
**HAUCK, DEAN W**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 West SR 434**

**SUITE 218**

City **LONGWOOD** **FL** Zip Code **32750**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **HAUCK, BETTIE P**  
STREET ADDRESS **300 N RONALD REAGAN BLVD., #211**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D** ☐ Delete  
NAME **HAUCK, DEAN W**  
STREET ADDRESS **300 N RONALD REAGAN BLVD., #211**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☒ Change ☐ Addition  
NAME **HAUCK, BETTIE P.**  
STREET ADDRESS **1200 West SR 434 SUITE 218**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D** ☒ Change ☐ Addition  
NAME **HAUCK, DEAN W.**  
STREET ADDRESS **1200 West SR 434, SUITE 218**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Dean W Hauck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/06*

Date

*407-767-9553*

Daytime Phone #