


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90372 039 \*\*\*150.00

<b>DOCUMENT # P93000038631</b> 1. Entity Name <b>CROWN SALES GROUP, INC.</b>					
Principal Place of Business <b>10316 CARROLLWOOD CT APT 58 TAMPA FL 33618 US</b>			Mailing Address <b>PO BOX 272044 TAMPA FL 33688 US</b>		
2. Principal Place of Business <b>18906 PLACE MARQUETTE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>LUZ FLORIDA</b>		City & State		4. FEI Number <b>59-3186185</b>	
Zip <b>33558</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILES, LEROY A 10316 CARROLLWOOD CT APT 58 TAMPA FL 33618</b>			7. Name and Address of New Registered Agent Name <b>MILES, LEROY A</b> Street Address (P.O. Box Number is Not Acceptable) <b>18906 PLACE MARQUETTE</b> City <b>LUZ</b> <b>FL</b> Zip Code <b>33558</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILES, LEROY A</b> <b>10316 CARROLLWOOD CT APT 58</b> <b>TAMPA FL 33618</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BOWERS, WILLIAM L</b> <b>24 THISTLE RIDGE</b> <b>CLYDE NC 28721</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BOWERS, WILLIAM L</b> <b>42 BROWN RIDGE ROAD</b> <b>WAYNESVILLE NC 28785</b> <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		
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		
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 like empowered.					
<b>SIGNATURE:</b> <i>Leroy A. Miles</i> <b>LEROY A. MILES</b> <b>4/14/05</b> <b>813 909-8438</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					