

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000038631

1. Entity Name
CROWN SALES GROUP, INC.



Principal Place of Business
**18906 PLACE MARQUETTE
LUTZ, FL 33558 US**

Mailing Address
**PO BOX 272044
TAMPA, FL 33688 US**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3186185 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MILES, LEROY A
18906 PLACE MARQUETTE
LUTZ, FL 33558**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | MILES, LEROY A |
| STREET ADDRESS | 18906 PLACE MARQUETTE |
| CITY-ST-ZIP | LUTZ, FL 33558 |

| | |
|----------------|-----------------------|
| TITLE | VP |
| NAME | BOWERS, WILLIAM L |
| STREET ADDRESS | 42 BROWN RIDGE ROAD |
| CITY-ST-ZIP | WAYNESVILLE, NC 28785 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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01/26/07-80038-024 150.00

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IN THIS SPACE**

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:

LEROY A. MILES
Leroy A. Miles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-07 (813) 892-0699

Date

Daytime Phone #