

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044430

Entity Name: CROWN UNIVERSAL FINANCE, INC.

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

3364 PALM BEACH BLVD
FORT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

1616-102 #197 W. CAPE CORAL PKWY
CAPE CORAL, FL 33914 US

New Mailing Address:

3364 PALM BEACH BLVD
FORT MYERS, FL 33916 US

FEI Number: 65-0425400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LUCILLE D
1616-102 #197 W. CAPE CORAL PKWY
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

WILSON, LUCILLE D
3364 PALM BEACH BLVD
FORT MYERS, FL 33916 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: LUCILLE WILSON

01/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, LUCILLE D
Address: 1616-102 #197 W. CAPE CORAL PKWY
City-St-Zip: CAPE CORAL, FL 33914

Title: ST () Delete
Name: WILSON, JAMES L
Address: 1616-102 #197 W. CAPE CORAL PKWY
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, LUCILLE D
Address: 3364 PLAM BEACH BLVD
City-St-Zip: FT MYERS, FL 33916

Title: ST (X) Change () Addition
Name: WILSON, JAMES L
Address: 3364 PALM BEACH BLVD
City-St-Zip: FT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LUCILLE D. WILSON

P

01/12/2007

Electronic Signature of Signing Officer or Director

Date