2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P93000044430

Entity Name: CROWN UNIVERSAL FINANCE, INC.

Current Principal Place of Business:

3364 PALM BEACH BLVD
FORT MYERS, FL 33916 US

New Principal Place of Business:

11100 S. CLEVELAND AVE.
FORT MYERS, FL 33907 US

Current Mailing Address:

3364 PALM BEACH BLVD
FORT MYERS, FL 33916 US

New Mailing Address:

11100 S. CLEVELAND AVE.
FORT MYERS, FL 33907 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
3364 PALM BEACH BLVD
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

WILSON, LUCILLE D
11100 S. CLEVELAND AVE.
FORT MYERS, FL 33907 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 D. WILSON 04/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILSON, LUCILLE D
Address: 11100 S. CLEVELAND AVE
City-St-Zip: FT MYERS, FL 33907

Title: ST (X) Change ( ) Addition
Name: WILSON, JAMES L
Address: 11100 S. CLEVELAND AVE.
City-St-Zip: FT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify 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 PRES 04/24/2009
Electronic Signature of Signing Officer or Director Date