2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P94000038695** 03-16-2005 90035 016 ***150.00 TWH CROWNN ENTERPRISES, INC. Principal Place of Business Mailing Address ~~~HITIG 3491 7TH AVE NW 14745 PINE KNOLLS LANE NAPLES, FL 33964 US RENO. NV 89511 US 3. Mailing Address, 14745 Pine Knulls Lane 2. Principal Place of Business 10263 WOOD 131S AUE Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-P CR2E034 (10/03) City & State City & State 4 EEI Number Applied For BONITA SPRINGS REND 65-0486015 Not Applicable Country S \$8.75 Additional 9521 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL /yLer W HALL, TYLER W P Street Address (P.O. Box Number is Not Acceptable) 3491 7TH AVE N.W. NAPLES, FL 33964 10263 Wood 1BIS AUE Con Bonita Springs 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 little if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HALL, TYLER W 14745 PINE KNOWS LO TITLE TITLE Change NAME HALL, TYLER W NAME STREET ADDRESS 14745 PINE KNOLLS LANE STREET ADDRESS Reno NU 89521 CITY-ST-ZIP **RENO, NV 89511** CITY-ST-782 HALL, TYLER W TILE Delete TITLE . Change ☐ Addition HALL, TYLER W wood 1315 Ave NAME NAME 10263 STREET ADDRESS 3491 7TH AVE NW STREET ADDRESS 34135 Spaings Fl CITY-ST-ZIP NAPLES, FL 33964 City-St-ZiP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-71P TITLE Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the examption 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 proposed of the corporation of the corporatio changed, or on an attachment with an addres SIGNATURE: _

FILED

Mar 16, 2005 8:00 am