


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000061673		
1. Entity Name CROWN MANAGEMENT GROUP, INC.		

Principal Place of Business 8201 N WICKHAM RD MELBOURNE FL 32940 US	Mailing Address 1041 ROYAL OAK CT. MELBOURNE FL 32940
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	
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SOILEAU, JOHN L 1970 MICHIGAN AVE. BLDG C COCOA FL 32-922	
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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TITLE	PT	<input type="checkbox"/> Delete
NAME	BRADY, DENNIS S	
STREET ADDRESS	1041 ROYAL OAK CT.	
CITY- ST- ZIP	MELBOURNE FL 32940	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEMPTON, GREG	
STREET ADDRESS	4530 LENNOX BLVD.	
CITY- ST- ZIP	NEW ORLEANS FL 70131	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUNNICAN, ROBERT G	
STREET ADDRESS	4112 ROYAL OAK DR	
CITY- ST- ZIP	NORTH LITTLE ROCK AR 72116	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMERMON, ROBERT W	
STREET ADDRESS	1321 AUGUSTA NATIONAL BLVD	
CITY- ST- ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		2/27/04	351-253-1339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			