

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061673

FILED
Mar 26, 2009
Secretary of State

Entity Name: CROWN MANAGEMENT GROUP, INC.

Current Principal Place of Business:

8201 N WICKHAM RD
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

1041 ROYAL OAK CT.
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3262694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMAN HOPKINS WRIGHT & LAHAM
8035 SPYGLASS HILL RD.
MELBOURNE, FL 3294 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BRADY, DENNIS S
Address: 1041 ROYAL OAK CT.
City-St-Zip: MELBOURNE, FL 32940

Title: V () Delete
Name: KEMPTON, GREG
Address: 4530 LENNOX BLVD.
City-St-Zip: NEW ORLEANS, FL 70131

Title: S () Delete
Name: DUNNICAN, ROBERT G
Address: 4112 ROYAL OAK DR
City-St-Zip: NORTH LITTLE ROCK, AR 72116

Title: D () Delete
Name: SIMMERMON, ROBERT W
Address: 1321 AUGUSTA NATIONAL BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS BRADY

P

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date