


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90183 004 ***150.00

DOCUMENT # P95000011185	
1. Entity Name CROWN ACCOUNTING, INC.	

Principal Place of Business 5031 WILES ROAD #101 COCONUT CREEK FL 33073 US	Mailing Address 5031 WILES ROAD #101 COCONUT CREEK FL 33073 US
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2. Principal Place of Business 1320 Banks Rd #103 Suite, Apt. #, etc.	3. Mailing Address 1320 Banks Rd Suite, Apt. #, etc. #103
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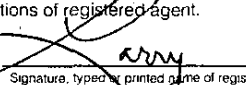
City & State Margate, FL	City & State Margate, FL
Zip 33063	Zip 33063
Country Broward	Country Broward



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent HOOD, LARRY J 5031 WILES ROAD #101 TAVERNIER FL 33070	
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4. FEI Number 65-0561627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5035 Wiles Rd #106 City Coconut Creek, FL Zip Code 33073	

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 title if applicable.	(NOTE: Registered Agent signature required when reinstating) LARRY J. HOOD, PRESIDENT DATE 04/19/04

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE 5035 Wiles Rd #106	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARRY J. HOOD		NAME Coconut Creek, FL 33073	
STREET ADDRESS 5031 WILES ROAD #101			
CITY-ST-ZIP COCONUT CREEK FL 33073			
TITLE VPS	<input type="checkbox"/> Delete	TITLE 1320 Banks Rd #103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUNE HOOD		NAME Margate, FL 33063	
STREET ADDRESS 5031 WILES ROAD #101			
CITY-ST-ZIP COCONUT CREEK FL 33073			
TITLE PT	<input type="checkbox"/> Delete	TITLE 5035 Wiles Rd #106	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOOD, LARRY J.		NAME Coconut Creek, FL 33073	
STREET ADDRESS 5031 WILES ROAD #101			
CITY-ST-ZIP COCONUT CREEK FL 33073			
TITLE VS	<input type="checkbox"/> Delete	TITLE 1320 Banks Rd #103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOOD, JUNE		NAME Margate, FL 33063	
STREET ADDRESS 5031 WILES ROAD #101			
CITY-ST-ZIP COCONUT CREEK FL 33073			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	LARRY J. HOOD, PRESIDENT Date 04/19/04	Daytime Phone # 954-977-6923
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