

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90274 004 ***150.00

DOCUMENT # P95000011185

1. Entity Name

CROWN ACCOUNTING, INC.



Principal Place of Business

1320 BANKS RD.
#103
MARGATE FL 33063
US

Mailing Address

1320 BANKS RD.
#103
MARGATE FL 33063
US

2. Principal Place of Business

6190 WILES RD
Suite, Apt. #, etc.
#103

3. Mailing Address

6190 WILES RD
Suite, Apt. #, etc.
#103

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS, FL

Zip

33067

Country

BROWARD

Zip

33067

Country

BROWARD

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0561627

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOD, LARRY J
5035 WILES RD.
#106
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6190 WILES RD #103

City

CORAL SPRINGS

FL

Zip Code

33067

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME LARRY J. HOOD
STREET ADDRESS 5035 WILES RD., #106
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE VPS ☐ Delete
NAME JUNE HOOD
STREET ADDRESS 1320 BANKS RD., #103
CITY-ST-ZIP MARGATE FL 33063

TITLE PT ☐ Delete
NAME HOOD, LARRY J
STREET ADDRESS 5035 WILES RD., #106
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE VS ☐ Delete
NAME HOOD, JUNE
STREET ADDRESS 1320 BANKS RD., #103
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 6190 WILES RD #103
STREET ADDRESS CORAL SPRINGS, FL 33067
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 6190 WILES RD #103
STREET ADDRESS CORAL SPRINGS, FL 33067
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Larry J. Hood

LARRY J. HOOD

04/27/06

954-757-9627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #