

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049066

Entity Name: CROWN ENCLOSURES, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

2040 GROVE BLUFF RD.
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

P.O BOX 32351
JACKSONVILLE, FL 32237

New Mailing Address:

FEI Number: 59-3307782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTERS, GERARD
2040 GROVE BLUFF RD.
JACKSONVILLE, FL 32259 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: P () Delete
Name: MASTERS, GERARD E
Address: 2040 GROVE BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP () Delete
Name: MASTERS, CHRISTINE E
Address: 2040 GROVE BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: CHRISTINE E. MASTERS

VP

05/02/2005

Electronic Signature of Signing Officer or Director

Date