2004 FOR PROFIT CORPORATION

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME

Mar 31, 2004 8:00 am **ANNUAL REPORT (AR)** Secretary of State DOCUMENT # P96000069129 Entity Name 03-31-2004 90046 002 ***150.00 CROWN CONTRACTORS, INC. Principal Place of Business Mailing Address 3299 NW 2 AVE P.O. BOX 811135 24032199 **BOCA RATON FL 33481-1135** BOCA RATON FL 33431 US 2. Principal Place of Business 3. Mailing Address 999 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) $\leq \mathcal{Q}$ City & State City & State 4. FEI Number Applied For 65-0690675 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSTINE, DAVID A Street Address (P.O. Box Number is Not Acceptable) 3299 NW 2 AVE STE 200 **BOCA RATON FL 33431** 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD Delete TITLE 55TINKS RUSTINE, DAVID NAME NAME 999 N. Federal Huy, #202 STREET ADDRESS 3299 NW BOCA RATON BLVD #200 STREET ADDRESS **BOCA RATON FL 33431** CtTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE TODD NAME NAME 7999 N. FEDERAL HWY #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-Z(P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Chance ☐ Addition 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

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