


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000075912	
1. Entity Name CROWN JEWEL ARABIANS INC.	

Principal Place of Business 2130 QUARTER HORSE CIRCLE N. JACKSONVILLE, FL 32259	Mailing Address 2130 QUARTER HORSE CIRCLE N. JACKSONVILLE, FL 32259
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01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3533747	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, ROLAND 2130 QUARTER HORSE CIRCLE N. JACKSONVILLE, FL 32259
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, CHARLENE 2130 QUARTER HORSE CIRCLE N JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, DOROTHY 2130 QUARTER HORSE CIRCLE N JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, ROLAND 2130 QUARTER HORSE CIRCLE N JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/06/05-80042-020 150.00

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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.

SIGNATURE: <i>Charlene Williams</i> Charlene Williams	Date 4/2/05	Daytime Phone # 829 271
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