FILED
Aug 28, 2007 8:00 am
Secretary of State
07-24-2007 90042 030 ***550.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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P.O. Box 6327
Tallahassee, Florida 32314

66021535

07022007 No Chg-P CR2E034 (11/05)

DOCUMENT # 205922

1. Entity Name
CRYSTAL TENN INC

Principal Place of Business	Mailing Address
508 N W 1ST AVE CRYSTAL RIVER, FL 34428 US	PO BOX 696 CRYSTAL RIVER, FL 34423 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0828575
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURCH, FRED III
508 NW 1ST AVE
CRYSTAL RIVER, FL 34428

DO NOT WRITE IN THIS SPACE

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] 8/21/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MULLINS, WAYNE
STREET ADDRESS	2941 PINE VALLEY CIR
CITY-ST-ZIP	EAST POINT, GA 30344
TITLE	PD
NAME	BURCH III, FRED
STREET ADDRESS	508 NW 1ST AVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	D
NAME	NICELY, WHISMAN
STREET ADDRESS	1216 OLD WEISGABER ROAD
CITY-ST-ZIP	KNOXVILLE, TN 37909
TITLE	VPD
NAME	WILLIAMS, GORDAN
STREET ADDRESS	2118 LEBANON ROAD
CITY-ST-ZIP	NASHVILLE, TN 37210
TITLE	D
NAME	SMOOT, TOM
STREET ADDRESS	9111 KEN LOCK DR
CITY-ST-ZIP	LOUISVILLE, KY 40242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] 8/21/07 502-223-1654
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #