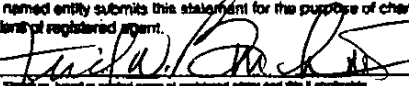


FILED
Aug 28, 2007 8:00 am
Secretary of State

07-24-2007 90042 030 ***550.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 205922		
1. Entity Name CRYSTAL TENN INC		
Principal Place of Business 506 NW 1ST AVE CRYSTAL RIVER, FL 34428 US		Mailing Address PO BOX 696 CRYSTAL RIVER, FL 34423 US
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent BURCH, FRED III 506 NW 1ST AVE CRYSTAL RIVER, FL 34428		P.O. Box 6327 Tallahassee, Florida 32314 66021535  07022007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-0828675 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
9. 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  DATE 8/21/07 SIGNATURE, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required with "Notwithstanding")		DO NOT WRITE IN THIS SPACE
FILE NOW! FEE IS \$560.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	STO	
NAME	MULLINS, WAYNE	
STREET ADDRESS	2941 PINE VALLEY CIR	
CITY-ST-ZIP	EAST POINT, GA 30344	
TITLE	PO	
NAME	BURCH III, FRED	
STREET ADDRESS	506 NW 1ST AVE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	D	
NAME	NICELY, WHISMAN	
STREET ADDRESS	1218 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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 this corporation or the receiver or trustee empowered to prepare 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 the empowered.		
SIGNATURE: 		8/21/07 502-223-1654 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE
 IN THIS SPACE**