


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90009 016 ***150.00

DOCUMENT # 205922 1. Entity Name CRYSTAL TENN INC					
Principal Place of Business 506 N W 1ST AVE CRYSTAL RIVER, FL 34428 US			Mailing Address PO BOX 696 CRYSTAL RIVER, FL 34423 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0828575 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03102008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BURCH, FRED III 506 NW 1ST AVE CRYSTAL RIVER, FL 34428				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MULLINS, WAYNE 2941 PINE VALLEY CIR EAST POINT, GA 30344 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURCH III, FRED 506 NW 1ST AVE CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D BURCH III, FRED 506 NW 1ST AVE CRYSTAL RIVER FL 34428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICELY, WHISMAN 1216 OLD WEISGABER ROAD KNOXVILLE, TN 37909 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WILLIAMS, GORDAN 2119 LEBANON ROAD NASHVILLE, TN 37210 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D WILLIAMS, GORDON 2119 LEBANON ROAD NASHVILLE TN 37210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMOOT, TOM 9111 KEN LOCK DR LOUISVILLE, KY 40242 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICKEY, NORRIS 340 PINELLAS BAYWAY TIERRA VERDE FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40047735



ATTACHMENT

40047735

2008 FOR PROFIT CORPORATION ANNUAL REPORT

CONTINUED

DOCUMENT # 205922

CRYSTAL TENN INC
59-0828575

ADDITIONS TO OFFICERS / DIRECTORS

D

WALPERT, RON C.
212 MALLARD DRIVE
FRANKFORT KY 40601

ADD AS DIRECTOR

D

WILLIAMS, GERTRUDE
844 STERCHI PARKWAY
KNOXVILLE TN 37912

ADD AS DIRECTOR