2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 205922

Entity Name: CRYSTAL TENN INC

Current Principal Place of Business:

506 N W 1ST AVE
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 696
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 59-0828575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	MULLINS, WAYNE	
Address:	2941 PINE VALLEY CIR	
City-St-Zip:	EAST POINT, GA 30344	
Title:	VPD	( ) Delete
Name:	BURCH, FRED III	
Address:	506 NW 1ST AVE	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	D	( ) Delete
Name:	NICELY, WHISMAN	
Address:	1216 OLD WEISGABER ROAD	
City-St-Zip:	KNOXVILLE, TN 37909	
Title:	PD	( ) Delete
Name:	WILLIAMS, GORDON	
Address:	2119 LEBANON RD	
City-St-Zip:	NASHVILLE, TN 37210	
Title:	D	( ) Delete
Name:	SMOOT, TOM	
Address:	9111 KEN LOCK DR	
City-St-Zip:	LOUISVILLE, KY 40242	
Title:	D	( ) Delete
Name:	RICKEY, NORRIS	
Address:	340 PINELLAS BAYWAY	
City-St-Zip:	SAINT PETERSBURG, FL 33715	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED W. BURCH, III VPD 03/31/2009

Electronic Signature of Signing Officer or Director Date