

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 220556 1. Entity Name CRYSTAL RIVER QUARRIES INC	
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Principal Place of Business 7040 N. SUNCOAST BLVD. PO BOX 216 CRYSTAL RIVER, FL 34423-0216 US	Mailing Address 7040 N. SUNCOAST BLVD. P.O. BOX 216 CRYSTAL RIVER, FL 34423-0216 US
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01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0868861	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLITZ, FRANK J., JR 7040 N. SUNCOAST BLVD. PO BOX 216 CRYSTAL RIVER, FL 34428
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**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLITZ, FRANK J., JR 7040 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLITZ, EDWARD 7040 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLITZ, MICHELLE 7040 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/06-80067-011 150.00

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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: Frank J. Colitz, Jr. 03/21/06 352-795-2409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FRANK J. COLITZ, JR., PRESIDENT