

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 220556

1. Entity Name
CRYSTAL RIVER QUARRIES INC



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**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0868861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLITZ, FRANK J., JR
7040 N. SUNCOAST BLVD.
PO BOX 216
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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**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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/07

Date

352 795-2409

Daytime Phone #