

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 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**



02262008 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 reinstating)

DATE

**FILE NOW!!! - FEE IS \$150.00  
After May 1, 2008 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/01/08-80038-006 150.00

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK J. COLITZ, JR. PRESIDENT**

03/13/08

Date

352-795-2409

Daytime Phone #