

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252287

FILED
Jan 13, 2009
Secretary of State

Entity Name: CRYSTAL RIVER FIRESTONE, INC.

Current Principal Place of Business:

1010 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

1010 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-0949323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEAKLEY, ELIZABETH W MGR
1010 N. SUNCOAST BLVD.
CRYSTAL RIVER, FL 34429 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: VP () Delete
Name: BLEAKLEY, ROBERT L., SR.
Address: 1740 E. MAIN STREET
City-St-Zip: LEESBURG, FL 34748

Title: P () Delete
Name: BLEAKLEY, ROBERT JR.,
Address: 1010 N. SUNCOAST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: AVP () Delete
Name: BLEAKLEY, DORIS,
Address: 1740 E. MAIN STREET
City-St-Zip: LEESBURG, FL 34748

Title: ST () Delete
Name: BLEAKLEY, ELIZABETH
Address: 1010 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429

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:

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: ROBERT LOCKWOOD BLEAKLEY

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date