

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F00000003997

1. Entity Name
CRYSTAL SPRINGS MANAGEMENT, INC.



Principal Place of Business
**3500 EASTERN BOULEVARD
MONTGOMERY, AL 36116**

Mailing Address
**3500 EASTERN BOULEVARD
MONTGOMERY, AL 36116**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1251537

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 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	ARONOV, JAKE F
STREET ADDRESS	3500 EASTERN BOULEVARD
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	VD
NAME	ARONOV, OWEN W
STREET ADDRESS	3500 EASTERN BOULEVARD
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	S
NAME	AUTREY, JENNIFER P
STREET ADDRESS	3500 EASTERN BOULEVARD
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80009-013 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07
Date

334-277-1000
Daytime Phone #

Jennifer P. Autrey
Jennifer P. Autrey