


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90010 047 ***158.75

DOCUMENT # F02000004670

1. Entity Name
CRYSTAL GIFTS AND MORE, INC.



Principal Place of Business
**405 36TH ST.
 DOWNERS GROVE, IL 60515-1640**

Mailing Address
**405 36TH ST.
 DOWNERS GROVE, IL 60515-1640**

2. Principal Place of Business
1035 HAVENS COURT

3. Mailing Address
1035 HAVENS COURT

Suite, Apt. #, etc.
SUITE 1B

Suite, Apt. #, etc.
SUITE 1B

City & State
DOWNERS GROVE, IL

City & State
DOWNERS GROVE, IL

Zip Country
60515-2070 U.S.A.

Zip Country
60515-2070 U.S.A.



01032005 Chg-P CR2E034 (10/03)

4. FEI Number
36-4354482

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

METRICK, ELLIOT
28771 SOUTH DIESEL DR., UNIT 4
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME METRICK, ELLIOT		NAME	
STREET ADDRESS 6640 GLEN ARBOR WAY		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34119		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CEOS		NAME	
STREET ADDRESS LIFSON, LAWRENCE E		STREET ADDRESS	
CITY-ST-ZIP 405 36TH ST. DOWNERS GROVE, IL 605151640		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lawrence E. Lifson* **Lawrence E. Lifson** **1/3/05** **630-963-3620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #