

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2008 08:00 AM  
Secretary of State

DOCUMENT # F02000004670

1. Entity Name  
CRYSTAL GIFTS AND MORE, INC.



Principal Place of Business  
6640 GLEN ARBOR WAY  
NAPLES, FL 34119

Mailing Address  
6640 GLEN ARBOR WAY  
NAPLES, FL 34119



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
6640 GLEN ARBOR WAY  
NAPLES, FL 34119

**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

U00000830812

02/25/08-80089-010 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT METRICK, ELLIOT 6640 GLEN ARBOR WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS LIFSON, LAWRENCE E 405 36TH ST. DOWNERS GROVE, IL 605151640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

*Lawrence E. Lifson* Lawrence E. Lifson

2/13/08

630-963-3620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #