


**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**      **Mailing Address**  
**6640 GLEN ARBOR WAY**      **6640 GLEN ARBOR WAY**  
**NAPLES, FL 34119**      **NAPLES, FL 34119**

**DO NOT WRITE IN THIS SPACE**



02132008    No Chg-P    CR2E034 (11/05)

<b>4. FEI Number</b> 36-4354482	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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**

000000830812  
 02/25/08-80089-010 158.75

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> METRICK, ELLIOT 6640 GLEN ARBOR WAY NAPLES, FL 34119
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOS</b> LIFSON, LAWRENCE E 405 36TH ST. DOWNERS GROVE, IL 605151640
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**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 #