

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # F95000005705

1. Entity Name
CRYSTALS OF DELAWARE, INC.



Principal Place of Business
**200 GREENE ST.
KEY WEST, FL 33040 US**

Mailing Address
**200 GREENE ST.
KEY WEST, FL 33040 US**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0467630	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISHER, KIM
200 GREENE ST.
KEY WEST, FL 33040**

**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 restateing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FISHER, KIM**
STREET ADDRESS **200 GREENE ST.**
CITY-STATE-ZIP **KEY WEST, FL 33040**

TITLE **VP**
NAME **ABT, TAFFI F**
STREET ADDRESS **200 GREEN STREET**
CITY-STATE-ZIP **KEY WEST, FL 33040**

TITLE **VPST**
NAME **FISHER, JUANITA L**
STREET ADDRESS **200 GREENE ST**
CITY-STATE-ZIP **KEY WEST, FL 33040**

TITLE **VP**
NAME **FISHER, SEAN**
STREET ADDRESS **200 GREENE STREET**
CITY-STATE-ZIP **KEY WEST, FL 33040**

TITLE **A ST**
NAME **FISHER, SEAN**
STREET ADDRESS **200 GREENE STREET**
CITY-STATE-ZIP **KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000907275
05/05/08-80031-023 150.00

**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 807, 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: *Kim Fisher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #