

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H52614

1. Entity Name
CRYSTALENE PRODUCTS OF FLORIDA, INC.



Principal Place of Business
4100 E. BAY DR.
B-34
CLEARWATER, FL 33764

Mailing Address
4100 E. BAY DR.
B-34
CLEARWATER, FL 33764

FILED
Feb 12, 2004 08:00 AM
Secretary of State



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2530708
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEANE, JANIE G.
4100 EAST BAY DR. B-34
CLEARWATER, FL 33764

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEANE, JANIE G 225 S GARDEN CIRCLE BELLEAIR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEANE, ALFRED E 225 S GARDEN CIRCLE BELLEAIR, FL
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000000048152
02/12/04-80068-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #