

2005 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
Jan 12, 2005 08:00 AM
Secretary of State



01052005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2530708

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 JANIE G. BEANE
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstalling)

1-8-05
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

TITLE	ST
NAME	BEANE, JANIE G
STREET ADDRESS	225 S GARDEN CIRCLE
CITY-ST-ZIP	BELLEAIR, FL
TITLE	P
NAME	BEANE, ALFRED E
STREET ADDRESS	225 S GARDEN CIRCLE
CITY-ST-ZIP	BELLEAIR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/05-80033-022 150.00

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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 another like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-05 727-530-3557
Date Daytime Phone