


FILED  
Apr 30, 2007 08:00 A  
Secretary of State

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # H52614</b> 1. Entity Name CRYSTALINE PRODUCTS OF FLORIDA, INC.	
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Principal Place of Business 4100 E. BAY DR. B-34 CLEARWATER, FL 33764	Mailing Address 4100 E. BAY DR. B-34 CLEARWATER, FL 33764
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02092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2530708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  BEANE, JANIE G. 4100 EAST BAY DR. B-34 CLEARWATER, FL 33764	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEANE, JANIE G 225 S GARDEN CIRCLE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEANE, ALFRED E 225 S GARDEN CIRCLE CLEARWATER, FL 33756
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05/15/07-20053-020 150.00

**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 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:  *Janie G. Beane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *4-27-07* Daytime Phone: \_\_\_\_\_