

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90095 048 ***550.00

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1. Entity Name

CRYSTAL CAPE, INC.



Principal Place of Business

P.O. BOX 475
CAPE CORAL FL 33904

Mailing Address

P.O. BOX 100475
CAPE CORAL FL 33904

54060403



MOORE CR2E034 (11/03)

2. Principal Place of Business

1412 SE 46 ST
Suite, Apt. #, etc.
1G

3. Mailing Address

1412 SE 46 ST
Suite, Apt. #, etc.
1G

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

3304

Country

USA

Zip

33904

Country

USA

4. FEI Number

65-0013208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, J.H.
1412 S.E. 46TH STREET
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME NICOLETTI, GIAN LORENZO
STREET ADDRESS 1412 S.E. 46TH STREET 1G.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VP
NAME EDWARDS, J.H.
STREET ADDRESS 1412 S.E. 46TH STREET 1G
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J.H. Edwards 7-6-4 249 945 1000