

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90036 033 \*\*\*150.00

**DOCUMENT # K99008**

1. Entity Name  
CRYSTAL GRAPHICS, INC.



**Principal Place of Business**

4225 DRANE FIELD  
STE 200  
LAKELAND, FL 33811

**Mailing Address**

4225 DRANE FIELD  
STE 200  
LAKELAND, FL 33811 US

**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2957142

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BROWN, MICHAEL S  
4225 DRANEFIELD RD  
LAKELAND, FL 33811

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME BROWN, MICHAEL S  
STREET ADDRESS 4225 DRANE FIELD RD  
CITY-ST-ZIP LAKELAND, FL 33811

TITLE VP  
NAME BURHANS, BARRON P  
STREET ADDRESS 4225 DRANE FIELD RD  
CITY-ST-ZIP LAKELAND, FL 33811

TITLE S  
NAME CESARIO, VINCENT M  
STREET ADDRESS 4225 DRANE FIELD RD  
CITY-ST-ZIP LAKELAND, FL 33811

TITLE T  
NAME BROWN, TERRY-RENE  
STREET ADDRESS 4225 DRANE FIELD RD  
CITY-ST-ZIP LAKELAND, FL 33811

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Michael S. Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-08 863-577-2000  
Date Daytime Phone # Ext 28