


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED  
Mar 17, 2004 08:00 AM  
Secretary of State**

DOCUMENT # L70786  
1. Entity Name  
CRYSTAL WATERS DEVELOPMENT COMPANY OF  
CRYSTAL RIVER



Principal Place of Business % JAMES P. EYSTER 7655 W GULF TO LAKE HWY #14 CRYSTAL RIVER, FL 34429 US	Mailing Address % JAMES P. EYSTER 7655 W GULF TO LAKE HWY #14 CRYSTAL RIVER, FL 34429 US
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**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number • 65-0393020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
EYSTER, JAMES P.  
7655 W GULF TO LAKE HWY  
SUITE 14  
CRYSTAL RIVER, FL 34429

**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 \_\_\_\_\_ (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

1000000091193  
03/17/04-80047-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THORNTON, HUGHLEN JR 7655 W GULF TO LAKE HWY CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EYSTER, JAMES P. 7655 W GULF TO LAKE HWY CRYSTAL RIVER, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 3-3-04 Daytime Phone #: 352-795-6984