2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # L70786 1. Entity Name CRYSTAL WATERS DEVELOPMENT COMPANY OF **CRYSTAL RIVER** Principal Place of Business Mailing Address 7449 W GULF TO LAKE HWY 7449 W GULF TO LAKE HWY SUITE 5 SUITE 5 CRYSTAL RIVER, FL 34429 US CRYSTAL RIVER, FL 34429

6. Name and Address of Current Registered Agent

FILED May 05, 2006 8:00 am Secretary of State

05-05-2006 90168 041 ***150.00

40085860



DO NOT WRITE IN THIS SPACE

4. FEI Number	1	Applied For	
65-0393020		Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required		

EYSTER, JAMES P. 7449 W GULF TO LAKE HWY	DO NOT WRITE
CRYSTAL RIVER, FL 34429	IN THIS SPACE

the obligat	tions of registered agent.	arpose of changing its registers	ed office or regis	stered agent, or bo	nn, in the State of Florida. I am familiar with, and accept	
21211110112	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	ed Agent signature requ	uired when rainstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	· - •	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTER, JAMESP EYSTER, V 7449 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429	lames P	DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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12. Thereby 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: JAHES P. EYSTER	4-27-06	355-795-6986
SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR	Date	Daytime Phone #
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