


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000087390	
1. Entity Name CRYSTAL CLEAR IRRIGATION & LANDSCAPING, INC.	

Principal Place of Business 1909 SOUTHAMPTON RD. JACKSONVILLE, FL 32207	Mailing Address 1909 SOUTHAMPTON RD. JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3670956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARSON, KRISTOFFER M 1909 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000123966 04/22/04-80025-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARSON, KRISTOFFER M 1909 SOUTHAMPTON RD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARR, THOMAS A 1909 SOUTHAMPTON RD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMAN, EUGENE C 1909 SOUTHAMPTON RD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARSON, TABITHA P 1909 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PARSON, JEREMIAH M 1909 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207
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 exemption stated in Section 119.07(3)(b), 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: <u>Kristoffer M. Parson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/20/2004</u> <small>Date</small>	<u>(904) 759-6579</u> <small>Daytime Phone #</small>
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