

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90062 038 ***150.00

DOCUMENT # P01000020406

1. Entity Name
CRYSTAL GLEN DEVELOPMENT, INC.



Principal Place of Business
**110 HIGHLANDS BLVD
INVERNESS, FL 34452**

Mailing Address
**P.O. BOX 700
INVERNESS, FL 34451**

1000000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3703345

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, ERVIN E
1601 S. RIDGEWOOD PT
INVERNESS, FL 34452**

7. Name and Address of New Registered Agent

Name
DAVIS, ERVIN E.

Street Address (P.O. Box Number is Not Acceptable)
3500 E. OAK TRACE PATH

City
INVERNESS

FL

Zip Code
34452

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 Ervin E. Davis **ERVIN E. DAVIS**

1/5/05

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **DAVIS, ERVIN E** ☐ Delete
STREET ADDRESS **1601 S. RIDGEWOOD PT**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE SD
NAME **WHEELER, JOHN F** ☐ Delete
STREET ADDRESS **1632 S. REGAL PT.**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE D
NAME **STRINGER, THOMAS** ☐ Delete
STREET ADDRESS **609 W. HIGHLANDS BLVD**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **DAVIS, ERVIN E.**
STREET ADDRESS **3500 E. OAK TRACE PATH**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Ervin E. Davis **ERVIN E. DAVIS**

1/5/05 352 634 4635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #