

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-05-2006 90139 032 ***150.00

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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**

DO NOT WRITE IN THIS SPACE



02082006 No Chg-P CR2E034 (11/05)

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
3500 EAST OAK TRACE PATH
INVERNESS, FL 34452**

**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, 2006 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
STREET ADDRESS	3500 EAST OAK TRACE PATH
CITY - ST - ZIP	INVERNESS, FL 34452
TITLE	SD
NAME	WHEELER, JOHN F
STREET ADDRESS	1632 S. REGAL PT.
CITY - ST - ZIP	INVERNESS, FL 34452
TITLE	D
NAME	STRINGER, THOMAS
STREET ADDRESS	609 W. HIGHLANDS BLVD
CITY - ST - ZIP	INVERNESS, FL 34452
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

352 634 4635
Daytime Phone #