


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3703345	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

DAVIS, ERVIN E
 3500 EAST OAK TRACE PATH
 INVERNESS, FL 34452

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, ERVIN E 3500 EAST OAK TRACE PATH INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHEELER, JOHN F 1632 S. REGAL PT. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRINGER, THOMAS 609 W. HIGHLANDS BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Ervin E. Davis ERVIN E. DAVIS 4/16/07 352 634 4635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #