

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

03-31-2004 90007 008 ***150.00

DOCUMENT # P03000017749

1. Entity Name
KRYSTLE PRODUCTIONS, INC.



Principal Place of Business
**687 N LEAVITT AVE
ORANGE CITY, FL 32763**

Mailing Address
**687 N LEAVITT AVE
ORANGE CITY, FL 32763**

66430627



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTILLO, JOHN T ESQ
146 VIRGINA DR
WINTER PARK, FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JOHNSON, D J**
CITY-ST-ZIP **687 N LEAVITT AVE
ORANGE CITY, FL 32763**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JOHNSON, KENNETH R**
CITY-ST-ZIP **687 N LEAVITT AVE
ORANGE CITY, FL 32763**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
Doc. # 03000017749

66430627

JOHN T. PATTILLO
Attorney at Law
146 Virginia Drive
Winter Park, Florida 32789

Telephone: (407) 644-2816
Telecopies: (407) 629-5209

E-Mail: johnpatti@cfl.rr.com

July 21, 2004

Division of Corporations
P. O. box 1500
Tallahassee, Florida 32302-1500

Re: Filing of Annual Report of Krystle Productions, Inc.

Dear Sir or Madam:

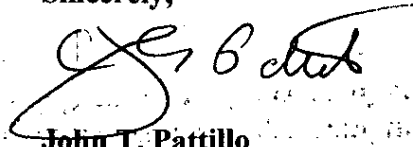
My client contacted me after he received your postcard indicating your office's Notice of Intent to Dissolve.

I called today to inquire about the above filing done by my client which was received by you on April 3, 2004 along with a postal money order in the amount of \$150.00 required by said annual report. I was told by the clerk with whom I talked that the report and the money order were received but my client had not yet filed his FEI number with your office. When I informed the clerk that the same had been applied for but still not yet received, she instructed me to check the "not applicable" blank and refile the form.

As instructed I am herein enclosing the 2004 For Profit Corporation Annual Report for Krystle Productions, Inc. and request the monies you hold be applied to and with the filing of the enclosed form.

If I do not hear from you otherwise, I will assume the report and fee has been both deposited and filed.

Sincerely,



John T. Pattillo

JTP: ms
cc: Mr. D. J. Johnson

Attachment
Proc. # 103000017749
66430627

UNITED STATES POSTAL SERVICE®		CUSTOMER'S RECEIPT			
KEEP THIS RECEIPT FOR YOUR RECORDS	PAY TO:	STATE OF FLORIDA			SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION NOT NEGOTIABLE
	ADDRESS	DIVISION OF CORPORATIONS			
	C. O. D. OR USED FOR	P.O. BOX 6327 TALLAHASSEE, FL. 32314			
SERIAL NUMBER		YEAR, MONTH, DAY	POST OFFICE	AMOUNT	CLERK
05700528101		2004-03-29	327240	\$ 150.00	0005