

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000044228**

1. Entity Name  
MIRACLE OF CRYSTAL RIVER, INC.



Principal Place of Business  
4007 TWINGATE AVENUE  
BROOKSVILLE, FL 34601

Mailing Address  
4007 TWINGATE AVENUE  
BROOKSVILLE, FL 34601



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1588094

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MASON, JOSEPH M JRESQ.  
101 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601-3336

**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

DUUUUU386412  
01/18/06-80059-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ALIOTTA, JAMES L  
STREET ADDRESS 4007 TWINGATE AVENUE  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE D  
NAME DRANKWALTER, PAULA K  
STREET ADDRESS 4007 TWINGATE AVENUE  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE D  
NAME ALIOTTA, JENNIFER D  
STREET ADDRESS 4007 TWINGATE AVENUE  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE D  
NAME DRANKWALTER, RICHARD  
STREET ADDRESS 4007 TWINGATE AVENUE  
CITY-ST-ZIP BROOKSVILLE, FL 34601

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:** *James L Aliotta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-11-06*

Date

Daytime Phone #