

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jan 29, 2007 08:00 AM
Secretary of State



01092007 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000606388
01/30/07-80076-011 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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

1-26-07

Date

Daytime Phone #