

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 18, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P03000157540**

1. Entity Name

CRYSTAL CLADDAGH RANCH, INC.



Principal Place of Business

5942 N CITRUS AVE  
CRYSTAL RIVER, FL 34428

Mailing Address

5942 N CITRUS AVE  
CRYSTAL RIVER, FL 34428



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

77-0616934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, MADELINE  
5942 N CITRUS AVE  
CRYSTAL RIVER, FL 34428

**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 renewing)

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 D  
NAME BROWN, CHRISTOPHER  
STREET ADDRESS 5942 N CITRUS AVE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE D  
NAME BROWN, MADELINE  
STREET ADDRESS 5942 N CITRUS AVE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/30/07-80011-001 150.00

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:**

*Madeline Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

Date

352-795-4114

Daytime Phone #